THE

Medical and Physical Journal.

VOL. XIV.] NOVEMBER 1, 1805. [NO. 82.

On the Contagiousness or Non-contagiousness of Yellow Fever; by Thomas Dancer, M. D of *Kingston, Jamaica.*

(Communicated by Dr. Rollo.)

It is greatly to be lamented that a due reverence for long established doctrines on the one hand, and a laudable ardour for discovery on the other, should alike tend to mislead us in onr researches, and that the investigation of truth, in a matter of the greatest moment to mankind; one on which the very existence of society depends, should be attended with a difficulty almost insuperable. How else could it happen that so many medical men, distinguished not only for their talents, but for a spirit of liberal and candid enquiry, should differ so widely from each other, and at a short distance of time, *from themselves*; many of them having been led to change their opinion on the subject: which shews that plain and simple as it may by some be conceived, it is in reality not so, but involved in much intricacy. I will not presume that what I have to offer on the subject will be considered as completely satisfactory; but if I can bring medical men, who are disposed to view it without prejudice, and apart from all other matters with which it is connected, (viz. quarantine, &c.) to a nearer point of agreement, my endeavours will not be fruitless.

" *When* (as Dr. Seaman observes), *facts are more scrutinized,* the advocates *for either opinion will possibly find some ground for compromise.*" This is an event devoutly to be wished, for the differences that at present subsist do not redound to the good of mankind, nor to the credit of the profession.

A science like medicine does not always admit of definite language; this is apparent on many occasions, and is partly so, if not particularly so, with respect to the terms, Infection and Contagion, from the *confounding* of which, or from assigning to each, *new and* not *well*

defined significations, proceeds in a great measure the obscurity that rests on the question under discussion. Their etymological import, so critically ascertained in a late ingenious Thesis, by Dr. Bayley, is of little moment. It is the sense in which they are ordinarily accepted or understood,* by which we are to be guided in this enquiry; and adhering to this, the pestilential yellow fever† must be considered as frequently contagious, that is to say, propagated by emanations proceeding from the bodies of those labouring under it. But if we are to adopt the new coined distinction between infections and contagions, viz. that contagious diseases are such only as arise from a specific matter secreted, and, like the small-pox, &c. affect the constitution but once during life, then there is an end to the dispute. But is this novel distinction so obvious as to be understood, and so satisfactory as to be admitted?‡ Do none of the diseases depending on a specific virus affect the constitution but once? Does it appear that there is no difference between *animal* and *vegetable* putrefaction? or can the emanations from the living diseased body be considered as of the same nature with those from dead animal matter? [See Ferriar on Contagion; — there are few instances of diseases caught in dissecting rooms.]

May

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* Fevers of infection have hitherto (at least since the time of Sir John Pringle) been considered as arising from marsh miasmata and putrid exhalations; while *contagious* fevers were supposed to be occasioned by emanations or effluvia from sick bodies and excrementitious matters.

† Some ambiguities on the subject may arise from confounding the endemial yellow fever with the malignant or pestilential yellow fever. The diagnosis between them, on some occasions, may be difficult, but generally they may be distinguished.

1st. In the malignant yellow fever there is seldom more than one paroxysm, continuing for a longer or shorter period, and terminating in death or recovery.

2d. In the pestilential yellow fever all the symptoms run much higher, and there are many marks of malignancy that are peculiar, viz. sphacelus of the scrotum.

‡ The advocates for this new distinction, between infectious and contagious diseases, are not agreed in this mode of classing diseases. By one, *Lues Venerea* (because depending on a specific virus) is denominated contagious. It would be well for mankind if it answered to the definition, and occurred only once to the same person. Rather than allow yellow fever to be contagious, like jail, hospital fever, &c. it is denied that the latter are so. Dr. Cathral says, these do not depend on a putrefactive process but on vitiated secretion; and why may not yellow fever depend on the

same

May not the effluvia of the human body under disease, be supposed to be of a very different nature from what they are in health; and *specifically* so, under many diseases, as in influenza, &c.

We are confessedly alike ignorant with respect to the matter of infection and contagion;* but is there any just ground to conclude that all fevers arise solely from one and the same cause? That jail fever, hospital fever, pestilential yellow fever, originate in the same way as intermittents and remittents, which evidently depend on causes existing in the atmosphere?† If this were the case, why should not the phenomena, under each, be the same, but they are not so; we see an essential difference amongst them; they do not exist in the same seasons and situations; they do not run the same course, nor have they the same terminations.

It has been supposed, that if animal contagion and miasmata or putrid exhalations are not specifically the same, they have an intimate connection; but there is no necessity for any such supposition; they only serve reciprocally to dispose the body to be acted on like other occasional causes.‡

That the noxious effluvia arising from diseased bodies may adhere to clothes, bedding, &c. can scarcely be called in

same? and how do vitiated secretions act but by the effluvia arising from them?

* It is indeed contended, that one consists of *hydrogen or sulphurated hydrogen gas*, and the other on the gaseous oxyd of septon. Far be it from me to throw any contempt on the new discoveries in chemistry; but I cannot be of opinion that we have as yet made sufficient progress in the science to be able to explain the composition of pestilential effluvia, no more than of the specific contagion of small-pox, measles, poison, &c. Are not all these, as well as odours, combinations of azote, hydrogen, oxygen, and carbon? But what explanation does this afford? Who can say in what proportion, or shew the quo modo of their operation?

† I am sorry to say that there is a fashion in philosophy as in every thing else. It is the ton at present to talk of the *grades* of fever, and of its different *states*, or the gangrenous state, &c. as though all fevers were essentially the same, originating in the same causes, running the same course, and having the same tendency and termination. I am a disciple of the Old School, but no bigot; I am sensible of the imperfections in the present state of medicine, but I cannot allow myself to be carried away by every novelty.

‡ Dr. Rush mentions a very singular circumstance. If a person (says he) who had taken the yellow fever in Philadelphia, afterwards went into a family,

in question, there are so many histories in direct proof. Some of the non-contagionists do not refuse to allow that the cause *may be so imported*, but they nevertheless insist that it cannot by such means be communicated and become epidemic. Is not this assertion without proof, or rather against established facts and experience.

It appears to me, therefore, that however sufficient local causes may be to *generate* a fever * of this kind, though all the arguments so industriously collected, and so strenuously urged against the occasional contagiousness of the yellow fever, are far from being conclusive. Yellow fever, like jail, ship, and hospital fever, being once generated, is susceptible of being propagated in the same way, viz. by effluvia proceeding directly from sick bodies, or else adhering to clothes, &c. &c.; and according to the observation of an intelligent writer on the subject, "*it is not improbable that the spark which first kindled up the epidemic might have been imported.*"†

I shall now state the reasons and facts on which I ground my opinion, as to the contagious nature of yellow fever.

1st. I refer to the numerous facts recorded by Dr. Chisholm, which though called in question, have not, in my opinion, been invalidated.

2d. These facts have been confirmed by various other persons, both in America and the West Indies. [See Med. Reports.]

3d.

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mily, living near the river, or in an unhealthy situation, the same disease appeared in several instances in the family. This, by persons of common understanding, might be deemed proof positive of its contagious nature; but no! Dr. R. is a non-contagionist, and therefore denies it. How then does he explain the paradox? Why, says he, the exhalations arising from persons under the yellow fever, act as a *stimulus*, and dispose the body to be acted on by other causes. This is what the Contagionists will allow, but then they will insist that this stimulus is a *specific one*, or else it could not produce the yellow fever. If not specific, it might as well produce any other disease.

* There is no contradiction in saying, that a disease may be *generated* and *contagious*. How did the contagion, small-pox, &c. first originate? No one will doubt of the contagion of hydryphobia, and yet that is at first sporadic or affecting an individual.

† Some persons, rather than allow of the existence of contagion in any case whatever, refer epidemic diseases to unknown constitutions of the atmosphere, or occult qualities in it, to a decomposition in it by caloric, to animalcula, earthquakes, volcanos, &c. The learned and famed Dr. Moseley has made the rare discovery, that the plague is not contagious; and that the *buboes* in plague, are owing to the gross feeding of the Turks. How kind is Providence to the English nation! that they have not buboes from coarse feeding.

3d. It is well known to the practitioners in this island, that the pestilential yellow fever prevails only on certain occasions; that it generally begins among sailors, soldiers, and others newly arrived from Europe; that it has no connection with local causes; that is to say, it makes its appearance indiscriminately, in all seasons and situations, or rather it may be said to prevail most in situations remote from marshes and swamps, which generate bilious remittents, not yellow fever.

It appears also (contrary to what has been again and again affirmed) to be communicable from one person to another, and from a single person to many; *e. g.* one man only going on board an infected ship, and contracting the disease, has communicated it to several others who had been no otherwise exposed to it.

Sailors walking from one post to another, and being taken ill at plantations, when they have called in for lodging and refreshment, have communicated the yellow fever to the Book-keepers and Overseers. A late instance occurred, when no less than three persons were carried off by infection so received. Many other histories might be adduced, in proof of what I have just now stated. I have information from several country practitioners, that at the out posts, the crews of ships after their arrival are generally healthy, till one or more are taken sick; but that as soon as a single instance of Yellow Fever occurs, the infection spreads from ship to ship, through the whole.

The disease has also been traced from plantation to plantation, 15 miles from the shipping, into the interior of the country. But the strongest evidence of the contagious nature of yellow fever I have yet met with, I have been favoured with by Dr. D. Brown, of the Royal Artillery, formerly Assistant Surgeon to the 6th Battallion of the 60th Regiment, quartered at Up Park Camp.

Copy of Dr. Brown's *Letter, to* Dr. Dancer, *dated Military Hospital, Up Park Camp, September* 10, 1803.

Dear Sir,

In respect to the fever that has lately raged with such violence in our hospital; it was without doubt contagious. The reasons I have for being of that opinion, are shortly these.

1st. No local cause existed, that could produce the disease.

2dly. It went progressively through the battalion, from the Easternmost or windward point, the persons nearest to the sick being always the first that were attacked.*

3dly. The medical gentlemen were all taken ill; one died, and the rest recovered with difficulty.

4thly. The sergeants and orderly men were all affected, and many of them died. But,

5thly. What was most singular, every man employed in shaving the sick, fell a victim.

These circumstances are known to every officer and private in the Regiment.

I am, &c.

DAVID BROWN.

Any comment on the above mentioned facts must be superfluous; but I cannot conclude this paper without expressing my surprise and regret, at the zeal shewn by several late writers, in their attempts to subvert uncontrovertible facts, with respect to the real existence of contagion. To deny that the *Plague* is contagious, is to be guilty of a libel on the common sense and veracity of mankind, and to shake the foundation of all human testimony; but see what credit strong assertion will gain! The desire of being distinguished for superior and original thinking, what will it not tempt men to, who court not the truth, but public fame?

In this extraordinary age, a man must affect a supreme contempt for every thing belonging to former times.

Our sons they count us fools, so wise they grow;
No doubt, their wiser sons will think them so.

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* The situation of Up Park Camp is as healthy a one as can be well imagined. It is considerably elevated above the sea, and distant from it only two miles, so as to be fully exposed to the sea breezes. There are no swamps nor sources of putrefaction in the neighbourhood. The barracks not crowded, nor filthy. The hospital may be considered a model for all others, &c. Yet, notwithstanding all these circumstances, so favourable to the health of the soldiers, upwards of 90 men died in the space of a few weeks, with a fever, characterized with all the symptoms of yellow fever; and this happened during the healthy season of the year, June and July.

CASE

CASE *of* HYSTERIC PHRENITIS, *supervening on* PULMONARY INFLAMMATION; *by* J. A. HENDY, M. D. Fellow of the Edinburgh Medical Society.

ON the 1st of February I was sent for to visit Benjamin Dawson, aged 32, of the parish of Boreham, three miles distant from Chelmsford. He had been seized six days before with the common symptoms of pneumonic inflammation, for the removal of which he had been twice bled, blistered, and in other respects judiciously treated by Mr. Cremer, an accurate and attentive practitioner of this town.

On entering the room, not being apprized of such morbid conversion, I was much surprised to find my patient in a state of wild delirium, using violent exertions to get out of bed, expressing great disgust, and exhibiting, in consequence of the restraint imposed upon him, considerable resistance.

The countenance was distorted and anxious, and vision evidently imperfect, from the irregular direction of the hands, in his attempts to lay hold of the attendants confining him to bed. There *appeared* no one symptom of pulmonic affection. The pulse was, as nearly as I could ascertain, 140 or more, small and irregular; skin hot; body costive; no expectoration, but a constant spitting of frothy saliva on himself, and the objects around him. My visit was made at two o'clock. I understood that the alteration of symptoms had come on suddenly about eleven o'clock, and that since that time he had remained precisely in the state he then was. I ordered a glyster to be immediately administered; the head to be shaved and blistered; the feet to be put in warm water, and a saline anodyne antimonial draught to be given at bed-time. I dined in the neighbourhood, and on my return home, between six and seven in the evening, I again saw the patient.

The countenance seemed much depressed; he was in a state of complete exhaustion, not sensible; but on being roused, evinced a partial recollection of particular persons.

Fæces and urine had been passed in bed; cough was now present, but without any expectoration; respiration extremely quick (48 in the minute), and very stridulous; the pulse weak, and as frequent as in the morning. Much tremor of the tongue, which was dry and furred. I gave him the night draught, and promised to see him in the morning.

Feb. 2d. He had slept much during the night, and had been in a profuse general perspiration, which was still present; there was great pain of chest, frequent cough, with very slight expectoration; pulse and respiration nearly as yesterday; body costive; he evinced considerable anxiety of mind, marked by sobbing, and a strong disposition to weep. Blisters on the head and ankles had risen well, but had produced strangury to a painful degree. He was ordered to dilute freely; an injection to be administered, and the following medicines, with the use of Mudge's Inhaler, were prescribed.

℞. Kali ppt. ʒij; succi limonis recentis ℥iij vel q. s. ad saturandum alkali; mellis acetati ℥j; vini ipecacuanhæ ʒiij; tinct. digitalis saturatæ, gtt. 120; aquæ fontis ℥xij; M. sumat coch. iij ampla, 3tiâ quâque horâ. Rep. haustus nocturnus, omissâ tincturâ opii; sit emplast. cantharidis sterno.

3d. He had some sleep during the last night; the cough had been very frequent; expectoration pretty copious and thick; orthopnœa still considerable, and he can lie only on his back; skin hot, but covered with a profuse general perspiration, which came on in the evening, and continued during the whole of the night. He has shewn great uneasiness of mind, and has had repeated bursts of tears, after which he has appeared more composed; he drinks plentifully, and finds the use of the inhaler soothing and comfortable; there is occasional sopor, and imperfect recollection; p. 126, weak, but regular; the urine is copiously secreted. Body open.

Persistat in usu misturæ et haustus.

4th. The patient was visited on this day by Mr. Cremer, who informed me that the cough, expectoration, and stertorous breathing were nearly as yesterday; that the skin was cooler and more relaxed; the pulse about 86, and natural, and that he lay in a state of drowsiness bordering on insensibility, with dilated pupil, uninfluenced by the immediate application of a lighted candle.

Mr. Cremer proposed ordering a mixture with the compound spirit of vitriolic æther, to which I readily agreed. Before it had been sent, in the evening of this day, I was called on by my friend Mr. Ray, the clergyman of Boreham, who described the man as dying; he said, that soon after Mr. Cremer had left him, the lower jaw had become clenched, and the teeth so strongly closed as to deny ingresss to medicine or any fluid; that the expectoration had ceased, the countenance sunk, eyes fixed, and insensible

sible to every external impression. I felt disappointed at this report, but I was willing to hope that the case, not viewed medically, might be rendered more formidable than it really was, through the benevolent medium of pastoral anxiety. With the use of the mixture of Hoffman's anodyne, I ordered a liniment, with compound soap liniment, tincture of cantharides and laudanum, to be well rubbed into the internal fauces, and sinapisms to be applied to the feet; in which, however, I had been anticipated by Mr. Cremer.

5th. A sudden alteration of the jaw took place last night, to which copious expectoration supervened. He had some sleep during the night; tongue foul, but moist; countenance more cheerful; breathing still difficult and stridulous; pain of chest less severe; skin soft, and covered with general warm perspiration; cough less frequent; he has been able to lie on his side, though not with perfect ease; body costive; p. 80, soft and æquable. Vespere injic. enema laxans.

Omitt. mist. c, tinct. digitalis saturatâ. ℞. Misturæ mucil. g. arabici; aquæ rosar. damas. aa. ℥iijß; vini ipecacuanhæ ʒiij; aceti scillit ʒij; mellis acetati ℥ß; M. sumat. coch. ij. ampla, ex cyatho aquæ hord. 3tiâ quâque horâ.

℞. Vini antimonii gtt .xx; aquæ ammoniæ acetatæ ℥ß; mellis acetati ℥iß; mist. camphor. aquæ fontis aa ℥ß: m. sit pro haustu, noctu dormituro sumend.

7th. There is a gradual and marked remission of pain, dyspnœa, and cough; complains of weakness, and expresses a desire for food. A light nourishing diet was now allowed, and the medicines continued.

10th. In every respect he is better. There is still some cough, and the more urgent paroxyms excite slight pain of side; respiration nearly natural, and unmarked by the stertorous noise, which has accompanied it throughout; functions natural.

Omitt. haustus. nocturnus. Rep. mistura.

13th. Convalescent.

The mixture ordered on the 5th was continued for some days beyond his convalescence. He was afterwards ordered a mucilaginous mixture acidulated with vitriolic acid; and recovering his strength but very slowly, he afterwards used the common myrrh and steel mixture of the late Dr. Griffiths. To the date of this communication, Dawson has enjoyed the most perfect health; the epileptic fits, which were before perpetually harrassing him, have entirely

tirely disappeared; and since his illness, he has had no one threatening of their invasion.

REMARKS.

In every point of view, the fortunate termination of poor Dawson's illness, afforded infinite gratification to my mind. In the humble sphere of life in which he is placed, he may be considered as a most useful member of that class to which he belongs. A good father, a good husband, and an industrious man, involve points which attach value to the life of such an individual. In a practical point of view too, the effect of medicines in combating the violence of symptoms was encouraging and satisfactory; considered abstractedly, as a case of severe pneumonia, where the pathology is so clearly and distinctly marked, and the mode of treatment so unequivocally pointed out, it might be deemed superfluous to intrude it upon medical attention, beyond the sphere which took cognizance of it; but the variations which it assumed during its progress, fixed my attention to its more particular re-consideration, and have induced me to give the detail, which I hope may not be altogether uninteresting to your readers.*

On first seeing the patient, I unequivocally pronounced him to be in a state of the most extreme danger. I viewed the affection of the brain as indisputably depending on metastasis of the inflammation, from the lungs to that organ; and under this impression I looked forward to the almost uniform consequence, dissolution.

Encouragement was not to be drawn from the naturally weak and delicate constitution of the man, added to the circumstance of his being long afflicted with epilepsy.

On my second visit, in the evening of the first, my attention was naturally drawn to the sudden recession of the phrenitic, and the revisitation of the pulmonic symptoms; the last, under appearances the most formidable. Viewed physiologically, their co-existence would have presented nothing incompatible with the known laws of the animal œconomy. The presence of true and genuine pneumonia, from its commencement to its temporary suspension, and again

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* Symptomatic phrenitis coming on, upon the ceasing or spreading of pulmonary inflammation, is likewise an event neither new nor extraordinary; the cough and dyspnœa causing the determination to the head, would of themselves explain such an occurrence; but the whole ratio symptomatum in pneumonia, is clear and satisfactory.

again onward to the close, was sufficiently ascertained; every symptom was regular, and in strict conformity with nosological definition. Not so with the supervening disease; I doubted whether *it* could be considered as an instance of *real* phrenitis, properly so called, occurring either by conversion or extension of the pre-existing inflammation. Many circumstances strengthened me in such scepticism; the unevenness of disposition, the convulsive sobs and strong paroxysms of weeping continuing for many hours after all the symptoms of irritated brain had subsided, induced me rather to suppose that this *exact representation* of phrenitic delirium, might be referred to the *imitative* dexterity of an *hysteric paroxysm.* Such a conjecture is at least admissible, whether we view the symptoms uniformly attached to phrenitis, its progress, termination, &c. or whether we take into the account the "versatile" character of metamorphic hysteria. Such considerations applied to, and compared with the present history, would certainly induce me to add this to the many cases on record, where hysteria has been known to assume (without danger to life) the leading features of distinct diseases, in *themselves* universally fatal, when uninfluenced by nervous counterfeit. I would here refer the reader to Dr. Ferriar's very valuable paper, "on the Conversion of Diseases," in the second vol. of his "Medical Histories and Reflections." Its perusal formerly made a strong impression on my mind, and a recurrence to the very valuable, scientific, and practical remarks which it contains, may probably have occasioned me to take the present view of the case now under consideration. I shall make no apology for quoting at length Dr. Ferriar's remarks, introductory to his detail of the particular instances of masked hysteria, primary, and supervening to other diseases.

Speaking of hysteric conversion, he thus expresses himself: "Whoever would present us with a good book on the fallacy of symptoms, which is much wanted, must be completely master of this unaccountable disease."

"We are ignorant by what laws the body possesses a power of representing the most hazardous disorders, without incurring danger; of counterfeiting the greatest derangement in the circulating system, without materially altering its movements; of producing madness, conscious of its extravagancies, and of increasing the acuteness of sensation by oppressing the common sensorium. In hysterical affections, all these appearances are excited, which are incompatible with the reasonings of every system-maker,

maker, who has yet endeavoured to explain the inexplicable. Nature, as if in ridicule of the attempts to unmask her, has in this class of diseases, reconciled contradictions, and realised improbabilities, with a mysterious versatility, which inspires the true philosopher with diffidence, and reduces the systematic to despair."

The symptoms of torpor, occurring on the 4th, may have been much influenced by the action of the Fox Glove, (he had taken four bottles of the mixture) but even these were probably modified and rendered more formidable in appearance by hysteric determination.

It does not appear that the *progress* of the pulmonary affection was materially influenced, beyond its temporary suspension, by the accession of the new train of symptoms. Can we suppose the hysteric paroxysm to have been critical, and conducive to the happy termination of the primary disease, the menacing symptoms of which began gradually to subside afterwards, with evident marks of remission, and copious discharges by the skin, lungs, &c. leading on to complete resolution of the disease.

The morbid conversion can scarcely be viewed as an *accidental* occurrence, invading while under other diseased action, a subject, where the pre-existence of strongly marked hysteric predisposition seems to have been amply confirmed.

The entire subject admits of further discussion, but I feel that I have already sufficiently encroached on the pages of your Journal.

Without entering on the modus operandi of the medicines employed, they must be allowed (detached from all theoretical reasoning), to have exerted a salutary and decided influence; and abstaining from all further comment, I close the history of a case already perhaps too prolix.

Chelmsford, Sept. 6, 1806.

To the Editors of the Medical and Physical Journal,

GENTLEMEN,

HAVING long since been convinced of the superiority of the treatment I have recommended in injuries, arising from an excess of heat; and having produced a mass of evidence

evidence supported by the experience of others, I had left the subject to produce its own effect, and had little doubt of its general adoption by the faculty; for my own part I had arrived to that certainty of prognosis, that I could have insured the life of an individual by the treatment I recommended, and his death by any other; thus the healing art ceased to be conjectural in this instance: and were the same honest confessions of failure and success, reported in the treatment of other complaints, I trust we should make nearer advances to a certainty of practice, than we have done hitherto. From some observations in your Journal for September by Dr. Cuming, I am induced to send you a case or two which have laid by me for these three years past; though I must own, from what the Doctor has said, that I fear it will be difficult to overcome his inveterate prejudice, for so I must term it, when he asserts, "I have heard, and read much about the efficacy and superior power of ol. terebinthinæ in those cases, but all that I know of it is from report, for I never could make up my mind to use it, conceiving that it was a harsh remedy, and such an one as well calculated to produce exquisite *torture;* on this ground alone have I rejected it, as it has the appearance of applying one species of fire to extract another." Should Dr. C. favour me by perusing my Essays on this subject, he will find he has in my opinion complimented me on the choice of my remedy; and could he point out to me any substance, as he terms it, nearer fire, without being such, I shall be obliged to him, as it would more immediately fulfil my intention; but, seriously, let me ask Dr. C. can medical science be advanced by a mind which resists the admission of other's facts, because it offends a *mere opinion?* What, is the labour, experience, and observation of twenty years, supported by the experience of some of the ablest surgeons in the kingdom, to be done away by the stroke of the pen, because it accords not with the prejudiced feelings of an individual, openly, strongly, and avowedly prejudiced by his own confession? But opinions formed by prejudice will yield to facts.

Should the following case produce such an effect on Dr. Cuming's mind as to induce him to make the trial, I should not be surprized to find him as strong an advocate for the practice, as he now appears an adversary; more particularly, as he says, "facts will ever have a proper influence on his mind;" and for my own part I can desire no other. To shew him the real effects of the remedy where no prejudice could take place, a child of seven months will be a proper

proper subject. Dr. M. Felix, surgeon of His Majesty's ship San Josef, in the spring of 1802, favoured me with the following case.

"My infant daughter, of seven months, was scalded by having the entire contents of a large kettle of water at the boiling point poured over her, through the carelessness of a servant letting her fall and overturning it. Fortunately I was on the spot, and as soon as we could free her from her boiling clothes, vinegar and water were applied as the readiest thing we could find to give relief; but on the suggestion of my friend Mr. Dunning, whom I had instantly called (and whose professional merits are above my praise) the spt. terebinth. was immediately procured and applied, and nine drops of tinct. opii given to her. From a state of the greatest agony, within half an hour, ease and sleep followed; and when she awoke, which was in about two hours, my dear child seemed so unconscious of pain, that she laughed, played, and seemed as much diverted, as if no such accident had happened. That this case affords decided proof of the excellence of the stimulant treatment, cannot I think be controverted, when its effects are considered on an irritable infant only seven months old, with a surface of sore almost incredible; the cuticle was entirely stript off her left arm from her shoulder to near the wrist; the left part of her back, side, abdomen, groin and thigh were all scalded; her face escaped; but her left ear, side of the neck and head, were all affected; she received also a considerable contusion on the head, from the fall on the kettle. From the heat having been detained so long upon the parts by her wetted cloaths, the effects were considerable, and it was perceived the under parts would slough; we determined therefore to persist in the stimulant plan; for thirty-six hours, cloths steeped in pure spirit of turpentine, were renewed every six hours; much symptomatic fever ensued, which we apprehended arose in great measure from the blow upon the head; a spoonful of the following was given every six hours; twenty drops of tinct. opii and liquor. volat. corn. cervi in a two-ounce mixture; and as much wine-whey as we could induce her to take; the injured parts were dressed twice a day with the following ointment, ung. ceræ ℥vj. ol. terebinth. ℥j. The fever abated; her bowels were regular; and in twenty-four hours, with the secretion of pus, all the alarming symptoms ceased; *in fine,* the sloughs threw off, and the sores healed with a rapidity truly astonishing; in less than three weeks the

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cure was compleat, all to our perfect satisfaction, and beyond all our expectations. On this fortunate case I make no comment, except that I have no hesitation in saying, that under the *old method*, or by *cold water!* I should assuredly have lost my child. To show how far we pushed the stimulant plan, my little girl (only seven months old) took in four days, sixty drops of tinct. opii and the same of liquor volat. corn. cervi, and very nearly a bottle of sherry in whey. Permit me to add, from the first sight of your publication, I was convinced of its truth; as I recollected some very successful cases during the last war, by a similar treatment; and it is now my constant mode of practice; had I entertained any doubts, what I have just related would have removed them. Allow me to conclude this long letter by requesting you to accept the best thanks of an affectionate father for the safety of a beloveed child; and believe me, with great respect, your obliged and obedient servant,

"M. Felix."

The above case is not only useful, as it shews the superiority of the mode of treatment, but in another point of view is still more valuable, as it shews, under certain circumstances, the quantity of stimulus that may be given to an infant of seven months. This case may probably be objected to by Dr. Cuming, as the treatment at the first instant was not perfectly according to my plan. Should that be the case, I will therefore point out another, which, as it happened under the inspection of a very intelligent practitioner, and one who was my assistant for some years, during the period I was assertaining the truth of the practice and principles which I have set forth at large in two Essays upon the subject, will be perfectly to the point. In the third volume of this Journal, p. 296, Mr. John Bell relates the case of an infant who was scalded by a bason of hot tea; a portion of the cuticle from the arm was brought away by the cloathes in undressing her; now, no species of burn or scald, is more painful than that which deprives the true skin of its natural covering, without destroying the skin itself, thus leaving it exposed to the action of the atmosphere, (than which nothing can be more painful) or to any application which the experience or prejudice of those who are requested to give their asistance; in this instance Mr. Bell *copiously* (his own expression) bathed the parts with ol. terebinth. previously heated, by putting the phial into hot water; this treatment

was not followed by the exquisite torture Dr. C. would have expected; on the contrary, Mr. Bell enquired an *hour* after and found she was fast asleep, and had been so for some time; on his inquiring after her on the following morning she was again asleep, and had passed a remarkable good night. It would appear that this application was soothing and anodyne, instead of harsh and cruel; experience warrants its use; nor need it shock our prejudice, for if we observe what is done every day by the most experienced dentists, nothing relieves the pain of an exposed nerve so soon as some essential oil, or strong spirit; one of the most elegant of these tinctures is the Eau de Cologne, which applied to the pulpy part of a nerve of a broken or decayed tooth, on a little cotton, gives instant relief, and is followed by a pleasant soothing glow. We can scarcely conceive any thing more exquisitely sensible than the pulpy part of a nerve thus exposed; yet experience in this instance has overcome prejudice, as I make no doubt it will in the other. Investigation has been much promoted by the means of your Journal, and I hope your readers, who have it in their power, will give their assistance to determine a point of such importance.

Should Dr. C. make the quantum of pain the criterion of judging of the practice, I can have no objection; the duration of the painful stage is much prolonged by the application of cold, from all that I can learn by the experience of others; in a future communication I will illustrate this position by a strong case in point.

In the ophthalmia from cold easterly winds I can readily conceive Dr. C's aqua frigida to be an excellent application. In reading my Essay he will observe, that if I recommend hot spirit of turpentine in burns, yet there are occasions where I should recommend aqua frigida, snow, or ice. Dr. C's theory of cold might warrant some observations, but I wish to avoid dispute; I have already produced some facts in regard to the effects of heat and cold on the human body, and I have an intention of further adding to them on a future occasion.

I am, &c.

E. KENTISH, M. D.

Bristol, Oct. 5, 1805.

MR.

Mr. Ring, on Inoculation.

[Continued from our last, pp. 355—361.]

Dr. Aubert, in his "Report on Vaccine Inoculation," relates a case, which occurred in a woman who had been previously inoculated for the small-pox by Mr. Wachsel, and in whom inoculation succeeded. This woman afterwards lost a child whom she suckled, by the confluent small-pox. Two or three days afterwards, nineteen pustules, perfectly similar to those of the small-pox, appeared on her face; particularly on the cheek, where the hand of the child had constantly rested. The face swelled, and was painful; and the pustules maturated, formed scabs, and left pits behind. Mr. Wachsel reminded me of this case; of which he was a witness. Dr. Aubert does not affirm that the patient had any fever; but it is impossible to conceive such symptoms as the foregoing can exist without it. He allows that cases of local small-pox are sometimes accompanied with fever; which he attributes to the inflammation of the arm. This, however, is only an hypothesis; and of course, liable to be an error.

I lately communicated the case of Mrs. Watts of Fulham; whom I had twice called to see, after her recovery; but I did not find her at home. I have since seen her; and she informs me, that her case was much more severe than I stated it to have been. She had about thirty pustules, scattered over different parts of the body; and was so ill that she was obliged to have medical advice. She was not able to leave her bed for four days; nor her room for a week.

On referring to the analysis of Dr. Aubert's publication, in my treatise on the cow-pox, I find the case before mentioned; and also the following remarks, which, unfortunately, are not unseasonable even now.—"Dr. Aubert observes, that it is necessary to make an accurate distinction between the small-pox, and that local infection which is sometimes occasioned by inoculating with variolous matter, those who have had either the small-pox or the cow-pox. Instances of such local affection have already been adduced, in the course of this work; I shall, nevertheless, record this additional proof of their existence.

"Some children who had undergone vaccination a year before, were exposed to the infection of the small-pox, in the Small-pox Hospital; and at the same time were inoculated with variolous matter in each arm. In one of them a pustule appeared on the inoculated part, bearing an ex-

act resemblance to a small-pock; from which matter was taken, which produced the perfect disease. Dr. Aubert observes, that instances of a similar kind are common, where a local pustule is excited by variolous matter, in those who have had the small-pox; whether the matter is applied by chance or design. Desoteux, in his treatise on inoculation, has published an account of experiments of this sort; where all whom he inoculated from one of those local pustules, had the small-pox as completely as if they had been inoculated from one who had the general affection."

The treatise on inoculation here alluded to by Dr. Aubert, was written by Dr. Desoteux, in conjunction with Dr. Valentin, formerly his pupil; who lately sent it to me, according to his promise when in England. I shall therefore avail myself of the opportunity of transcribing the passage in question; for the sake of such of your readers, as have not the work in their possession.—"Citizen Roume Saint-Laurent, National Commissioner at St. Domingo, read a memoir on inoculation to the Society of Arts and Sciences at the Cape, in 1792; in which he reported, that he had taken matter on the tenth day, from a puncture which he had made on his hand, and which was swollen in consequence of the variolous matter there inserted; and, having inoculated several subjects at Grenada, they all received the infection of the small-pox, as completely from the matter of this local pustule, as if it had been furnished by the real small-pox. He also communicated this anecdote to the Society at Haerlem."

The following cases, which have come to my knowledge, since the publication of those which I lately communicated, will afford additional evidence, that those who have had the small-pox are not totally insusceptible of the disease. Mrs. Robinson, of Woburn, had the small-pox very severely; and was much marked by the disorder. Many years after, she nursed a young lady, who was a great favourite; in consequence of which she had upwards of a hundred pustules, and a considerable degree of constitutional indisposition. This account was communicated to me by her grandson, Mr. Robinson, No. 279, Holborn; who saw her when labouring under the second attack.

Mr. Wachsel informs me, that he saw a woman, who had had the small-pox before, with about three hundred pustules, in consequence of nursing her child in the disease.

Mrs. Briggs, of Layton in Essex, informs me, that she had

had the small-pox by inoculation when ten years of age; from which a proper cicatrix remains. When nursing one of her children in the disorder, she had ten or twelve pustules; and was very ill.

Mrs. Downing, No. 44, Wardour Street, was inoculated for the small-pox when eleven years of age. Her arm rose, and a considerable number of persons were inoculated from her. She had a violent pain in her head and limbs; and was extremely ill. She had a very high fever. Her arm continued in a state of ulceration three months; and she has a very distinct scar remaining. Eight years ago, she lost a child by the small-pox. Four days after the death of the child she was seized with a violent sickness, fever, and pains in her head, back, and limbs. In about six or seven days, she had an eruption all over her body; and on one of her hands. I have seen several large and deep pits on her breast; which were left by this eruption.

An uncle of Mr. Drene, No. 8, Adams Mews, was inoculated for the small-pox. His arm rose, he sickened, and had an eruption; and the inoculator assured him he was safe; nevertheless, he has since had the small-pox.

Mrs. Miller, No. 6, Little-Argyle Street, had the small-pox when young. Nevertheless, about two years ago, when nursing an infant labouring under that disease, she had an eruption of several pustules in her face, and particularly about the eye; which, in consequence of considerable tumefaction of the lids, became perfectly closed. She declared to Mr. Hyde in Swallow Street, to whom she was a tenant, that she had such agonising pain in her head, as she had never suffered on any other occasion.

Two children vaccinated by me, have had slight attacks of the small-pox, since my last communication. One is the child of Mr. Lightfoot, No. 13, Lancashire Court, Bond Street. Mrs. Lightfoot recollects that a considerable quantity of matter was taken from this child, two days following. Many persons are of opinion, that this lessens the security. At any rate it is a duty, once more to recommend to every practitioner, as far as he possibly can, to try to preserve a supply of matter for himself, either by successive inoculations of the poor, or by means of vaccinators, on which, if repeatedly charged, it will keep good for many months. This will prevent the vesicles, in patients who are vaccinated gratuitously, from being too much exhausted.

The other is a child of Mr. Deacon, in Phillips's Gardens,

dens, Tottenham-Court Road. I know of no peculiarity in this case. The appearance was regular: as a proof of which, the mother recollects, that an eminent inoculator vaccinated two or three children from her infant. I am now inclined to believe, that these, and some other well authenticated cases of a similar kind, are to be ascribed to the greater susceptibility of small-pox in some habits than in others; and not to any other disease with which the patient was affected, nor to the exhaustion of the arm. Could these causes operate so far, as to leave the subject still susceptible, I cannot but suspect the occurrence of the small-pox after vaccination would be more frequent; especially in public institutions, where the poor furnish a supply of matter for the rich. Nevertheless, from the fallacy of human judgement, I would seriously advise, that matter may always be taken with great caution; and no pustule be exhausted more than is necessary.

Dr. Nelson lately informed me of a decided case of the small pox, in a child who had been vaccinated at the Vaccine Pock Institution, in whom he had witnessed the regular progress of the cow-pock. The case occurred in a child of Mr. M'Pherson, in Fitzroy Market; and I believe no one who saw it, could possibly doubt of its being the small-pox.

Dr. Nelson some time ago informed me of a case of the small-pox occurring a second time. It was communicated to him by Dr. Plowden, of Arundel. I therefore wrote to him on the subject; and he was so obliging as immediately to favour me with the following answer.

"*Arundel, September* 13, 1805.

"Sir,

"I yesterday received your letter, and shall be happy if any information I can give, concerning a person's twice having had the small-pox, should contribute towards removing the doubts which exist, of the superiority of vaccination.

"In the year 1738, the small-pox committed its furious ravages in this place, and is said to have destroyed one out of every seven whom it attacked. Amongst the number of infected was William Birt, at that time about eighteen months old. It has been a tradition here, as long as the oldest of the inhabitants can remember, that this boy was supposed to have been dead; and that his body was purchased by Mr. Birch, a surgeon, for the purpose of dissection. He, however recovered; and for the rest

rest of his days, was a living monument of the havoc the disorder had made. I knew him well; and do not recollect many instances of a person more fretted and seamed by the small-pox than he was.

"The marks he bore, were deemed a sufficient security against any future infection of the small-pox. He was therefore appointed to attend on variolous patients in the pesthouse; a kind of lazaretto at the skirts of the town.

"One woman died of the small-pox in the house, on the 15th of February, 1799, and another a few days after. William Birt, the subject of your inquiries, sickened on the 28th of the same month; and the eruption appeared on the fourth day. I saw him on the sixth day of the disease, being sent for by the family to give my opinion on the possibility of its being the small-pox; which none of them could believe, from the evident marks of his having had the complaint.

"On inquriy I found, that he had been exposed, a short time before, to variolous contagion; and that his disorder commenced with the symptoms usually attending the worst kind of the small-pox. The eruption was confluent; and his throat was severely affected. He was removed from his home, on the day I visited him, to the pest house; where he died on the twelfth day of the disease.

"If this detail can be of any service, I beg you will accept it, with my sincere wishes, that it may contribute towards the advancement of your pursuits.

"I am, &c.

"William Plowden."

The following is another instance of the small-pox occurring a second time. A child of Mr. King, No. 3, Printer Street, Blackfriars, was inoculated for the small-pox, at the Small-pox Hospital, in March, 1798. A pustule rose; the patient sickened at the usual time, and was very ill three days; after which an eruption took place, consisting of ten very large pustules, scattered over different parts.

Mrs. King went to the hospital three times a week, for the space of three weeks; and had several doses of physic for the child. On the last day of her attendance, she was assured by Mr. Wachsel, the child was safe, and she need not attend any more. Mr. King confirms this statement in all the essential particulars. He several times accompanied

panied Mrs. King, when she went to the hospital; on account of her not being able to carry the child so far.

The day after they last attended at the hospital, the child again sickened, and had a violent vomiting. Two days afterwards, a very considerable eruption took place; which the neighbours supposed to be the measles. A few days after, Mr. Ridout was desired to attend the child; and being informed that she had been inoculated at the Small-pox Hospital, thought it necessary, to send for Dr. Woodville. Dr. Woodville saw her in the course of the day. He told Mr. Ridout, it was a case of small-pox occurring a second time; and the second instance he had seen, in which there could be no doubt of the fact. Mr. Ridout informs me, that he advised Dr. Woodville to take notes of the case, as he was writing the history of inoculation; but is not certain whether he did so or not.

On the next day, Dr. Woodville informed Mr. Ridout, he had consulted the register, and found that this child, and fourteen others, were inoculated from a man in the hospital, who had the natural small-pox; and that all of them, except one, had taken the disease.

When Mr. King went to Dr. Woodville, and told him his child had the small-pox, the Doctor replied, he might as well tell him she had the plague. However, when he saw it, he was convinced. He continued to attend her, with Mr. Ridout, during the whole course of the disorder; which was about three weeks. The symptoms were very violent. Circular ulcerations took place, where some of the pustules had been formed in the original disease, and threatened mortification; but this was prevented by the internal use of bark, acids, and opium; and the external application of powder of bark.

Mrs. King declares, that on the sixteenth day, the child appeared to be in a dying state, and sometimes without any sign of life, for seven hours and a half. At length, however, she recovered; and she still bears indelible marks of the two attacks of this dreadful disease, which she has undergone.

Mr. Ridout favoured me with a statement of the foregoing case, as far as it fell under his observation; and Mr. Wachsel, who also attended the case, acknowledges that the second attack was the small-pox.

Two days ago, I was informed, that a child of Mr. Barrel, No. 2, Beaumont Place, vaccinated at the Small-pox Hospital, had the small-pox. I found her in good health; but was told she had been indisposed previously to the

eruption;

eruption; which was very slight, but appeared to me to be variolous. I have since seen an eminent practitioner, who entertains a different opinion; but is in the same predicament with me, not knowing how to put the matter to the test, consistent with his duty to those who put themselves under his care. It is worthy of notice, that in this, and almost every other instance, where I have inquired into a failure, or a supposed failure, in the inoculation of the cow-pock, I have heard of a failure, or a supposed failure, in the inoculation of the small pox. Mrs. Barrel informs me, that her brother was inoculated for the small-pox, and declared safe; but about a year after, he had the natural disease.

A similar coincidence has lately happened in two children of Mr. Chitty, in East Street, Red Lion Square; one of whom was inoculated for the small-pox six years ago, the other for the cow-pock sixteen months ago, by Mr. Drewe of Gower Street. They have both lately had the small-pox, in a favourable way. This tends to confirm the opinion I gave in the former part of this paper, that the failures which now and then occur after inoculation, are owing to an idiosyncracy; of which those in Full-wood's Rents are a remarkable instance.

Dr. De Carro has transmitted to me a memoir, entitled, "Notice Bibliographique sur La Docteur Jenner," by Dr. Valentin, of Marseilles. This memoir is, in a great measure, a translation of the "Life of Dr. Jenner," in the "Public Characters;" which Dr. Valentin has thought proper to ascribe to me. It is of little importance to the public, who is the author of that article; but if any part of it is erroneous, it is of some importance that it should be corrected, while the circumstances are still recent; and many persons are living who can either attest, or refute them.

Dr. Valentin says, Dr. Jenner has been elected Mayor of Cheltenham. It is not Cheltenham, but Berkeley, his native place, which has done him, and themselves, that honour. He has also been presented with the freedom of the City of Dublin; and what is more flattering to him, as a medical character, a diploma from the University of Madrid. Dr. Valentin bears testimony to the discovery of Dr. Jenner, that it is the most important ever made.

He relates an anecdote, worth recording. When he was at Bath, about two years ago, Dr. Gibbes informed him, that when his father went to Oxford, forty years be-

fore Dr. Jenner's discovery, he asked his servant, on his arrival, whether he was not afraid of the small-pox, which at that time prevailed in the city; to which he replied, he should not catch it, because he had had the cow-pox; which was known in Wiltshire to be a security against that disease.

Dr. Waterhouse, as well as Dr. Valentin, has concluded his biographical sketch of Dr. Jenner, borrowed from the Public Characters, with the Latin and English verses, which are prefixed to that memoir in the original; beginning with *Te mater omnis, &c.* Dr. Waterhouse has led Dr. Valentin into an error, by attributing the Latin lines to Horace. They were prefixed by Dr. Best to his Thesis on Vaccination; and are taken from an Alcaic ode, signed *Ed. Hannes, ex Œde Christi Oxon:* addressed to Sydenham, and prefixed to his *Schedula Monitoria de Novæ Febris Ingressu.*

Dr. Waterhouse having subjoined the translation, Dr. Valentin ascribes to him what was written by me. The Latin and English are inaccurately copied in the French Memoir; I therefore beg leave to insert a correct copy here.

Te mater omnis, te lachrymabilis
Accuret uxor, ne caducum
Orba virum puerosque ploret:
Seu confluentes forte timet notas
Matura virgo, tu faciem eripis
Periclitantem, protegisque
Delicias juvenum futuras.

TRANSLATION.

To thee shall weeping wives and mothers fly,
Or see their husbands, and their children die;
To thee, the virgin trust her lovely face,
Or some rude blemish rifle ev'ry grace.

Oh, ward the perils that around her wait!
Oh, shield her beauties from impending fate!
Nor let a cruel pestilence destroy
The hope of youth, and pledge of future joy.

In a letter which accompanied Dr. Valentin's Memoir Dr. De Carro says, he has lately read in several newspapers, that Dr. Jenner is preparing a new work, in which he will prove, that the children of parents who have the cow-pock are insusceptible of the small-pox. This information, from whatever quarter it may have been derived, is erroneous. Dr. De Carro himself is so far from assenting to the proposition, that he declares he has had a number

ber of proofs to the contrary. At present, however, he says, he meets with no proof of the kind, because the small-pox is utterly unknown among the people of Vienna. It is there completely exterminated; and neither attacks the children of those who have had the cow-pock, nor of those who have had the small-pox.

Dr. Anderson, Physician-General at Madras, has transmitted to me a tract, entitled, "Correspondence for the Extermination of Small-pox," together with some articles which he has inserted in the Government Gazette. From one of them, dated December 19, 1804, we learn, that by the last returns, 216,000 persons had been vaccinated in the settlement of Madras, and 26,000 in Ceylon. In order still further to promote the practice, he proposes to establish fixed and permanent institutions; so that every village may have the advantage of vaccine inoculation within itself.

He has added a letter, received from a Bramin in the neighbourhood; who informs him, he has perused his publications on the subject of the illustrious Jenner's immortal discovery; by which many of our fellow creatures in India, as well as in Europe, have been protected from that loathsome, painful, and fatal disease, the small-pox.

He declares, that he himself, and many others, have been eye witnesses to the mild and harmless nature of vaccination; and that it is therefore greatly to be wished, the natives of India may acquire an intimate knowledge of the practice, in order to preserve the lives of people of all conditions.

"On this account," says he, it might be useful to remove a prejudice in the minds of the people, arising from the term cow-pox being literally translated co-mary, in the advertisement which has been translated in our Tamul tongue; whereas there can be no doubt, *that it is a drop of nectar from the exuberant udders of the cows in England*; and no way similar to the humour discharged from the tongue and feet of diseased cattle in this country."

I am, &c.

New Street, Hanover Square. JOHN RING

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE characteristic distinctions of pustular diseases are often so extremely minute, and the modifications of which they are susceptible so anomalous, as not always to be easily ascertained; it cannot, therefore, be deemed wonderful, that medical men should have frequently fallen into mistakes in deciding on the true nature of exanthematous affections. Thus, in particular, it is well known, that so great a similarity frequently prevails between what is usually denominated the chicken-pock and small-pox, that the former of these diseases has not unfrequently been mistaken for the latter, and given occasion to the supposition of individuals having suffered a second attack of the small-pox. Medical records abound with cases of this kind previous to the introduction of vaccine inoculation; and it is not less certain, that since this period they have as frequently either been regarded through ignorance, or misrepresentation and a spirit of opposition, as examples of small-pox subsequent to vaccination.

The doctrine that the constitution is rendered insusceptible of variolous infection from having previously undergone the cow-pox, has lately been much controverted, and various cases have been adduced in support of the contrary opinion. But many of these appear, on a more minute investigation, to have originated in mistakes concerning either the former or latter disease, from the matter employed having undergone decomposition, or from its being of a different nature. While this seems to be the fact, respecting a great majority of the cases in question, there are, it must be confessed, a few others, apparently so well authenticated as to create at least some degree of hesitation, as to the universality of the above position, or whether the rule is so general as has been supposed. Admitting, however, that cases of genuine small-pox have really occurred subsequently to vaccination, we are still unable to perceive, with the adversaries of this practice, how such occurrences can militate, or be construed into a valid argument against its adoption, since a few exceptions can never surely be brought into competition with the vast body of evidence in its favour; and since, if this mode of argumentation were available, objections on similar grounds might be urged equally against variolous inoculation.

Though

Though every unprejudiced observer must, in our opinion, be convinced of the superiority of vaccine over variolous inoculation, we yet think that the friends of the former practice have acted very unjustly in endeavouring to repress all further discussion respecting the laws of the vaccine poison, by vilifying those who have attempted, by experimental investigation, to ascertain the permanent efficacy of cow-pox, and how far we may confide in its anti-variolous powers. Freedom of inquiry, and an unrestrained publication of its results, can never retard the acquisition of knowledge. Surely, if any doctrine be founded in truth, it will securely stand the test, and be more fully confirmed by the closest investigation. If, on the contrary, it be erroneous, no greater benefit can be conferred on mankind than the detection of its failures, and the exposure of its errors. Applying this reasoning to the practice in question, it must be obvious that we are equally indebted to those who furnish us with well attested cases, whether adverse or favourable to vaccination. While, however, we contend on the piesent, as well as on every other occasion, for the most unlimited freedom of discussion, no one can reprobate more than ourselves the conduct of a few over zealous anti-vaccinists, who by partial and distorted statements, depreciate the value and efficacy of this important discovery, and represent it as fraught with the most mischievous consequences; for altho' such attempts can only redound to the discredit of their authors, and must ultimately prove abortive, yet by diffusing unnecessary alarm and dismay among the weak and uninstructed part of the community, they are but too well calculated to impede the progress and universal adoption of this salutary practice.

These reflections were suggested to our mind by an incident, which occurred a short time since in the family of Mr. Ross, Newcastle Court, Strand. An eruption having appeared on two of his children, he and the rest of the family were greatly alarmed, supposing it to be the small-pox, which at the time prevailed in one of the neighbouring houses. On this account I was desired to visit them. One of the children, they informed me, had been vaccinated about a year before this period; the other had not been subjected to that process. In both cases, the eruption was extremely copious, but the pustules were much larger and more confluent in the one which had not undergone vaccination. In the latter also the preceding fever was not only unusually severe, but more protracted than

than is common in similar cases; while in the former it was comparatively mild, and of much shorter duration. In both, the pustules so exactly resembled, in form, figure, and other circumstances, those of small-pox, that had we founded our opinion on the external character alone, we should most unquestionably have deemed them both cases of genuine small-pox; but as they neither went through the regular course, nor were attended with any of those symptoms which uniformly accompany violent cases of small-pox, such as increased salivary discharge, swelling of the face, affection of the throat and fauces, &c. we did not hesitate to consider them as cases of confluent varicella; and the event afterwards proved that we were not mistaken in this opinion, for the child which had not been vaccinated, on being afterwards subjected to that process, went through the disease in so regular a manner as perfectly to satisfy us, had any doubts existed, on the subject.

Fully aware that the above cases are destitute of novelty, our only motive for transmitting them to the Editors of the Medical and Physical Journal, is a conviction that examples of this kind cannot be too frequently held up, particularly at the present moment, to public view, in order to operate as a caution to practitioners against forming too precipitate a judgment in similar instances; since such mistakes tend manifestly to cherish and extend those prejudices which have been lately propagated with so much industry against a practice, in which the health and safety of the rising generation are so materially concerned.

I am, &c.

Clements Inn, Sept. 21, 1805. R. HALL.

Copy of a Letter to Vice Admiral Lord Nelson, from Dr. Gillespie, Physician to the Fleet, dated August 14, 1805, *Victory, at Sea.*

MY LORD,

FROM the shores of the Nile to the gulph of Finland, the fame of your victories has been proclaimed; a nation, grateful for the important services you have rendered her, regards them with admiration; and the page of history has recorded them with eclat.

To me, as physician to the fleet under your Lordship's command,

command, at the approaching close of the campaign, belongs the more humble yet useful and grateful task, to lay before your Lordship a concise statement of the state of health in the fleet during the two years campaign in the Mediterranean and West Indies, taken from the weekly reports made to your Lordship by my predecessor, Doctor Snipe, and by myself: together with a few remarks, contained in the enclosed Statement on the causes of the healthy state in which the men under your Loidship's command have been preserved during that period.

If the Roman people, my Lord, decreed a civic crown to the citizen who saved the life of another citizen, how well do the honours which deservedly adorn you as a victorious commander become you, as the humane citizen, and the preserver of the gallant seamen, who, under the command of yourself, have atchieved such wonders, by an unremitting attention to the furnishing the men under your command with every necessary refreshment and comfort, and by a steady and humane system of active discipline, as is demonstrated by the enclosed statement.

I have the honour to be, &c.

LEONARD GILLESPIE,
Physician to the Fleet.

To the Right Hon. Vice Admiral
Lord Viscount Nelson, Commander in Chief, &c. &c. &c.

Abstract of the Weekly Returns made by the Physician to the Fleet under the Command of the Right Hon. Vice Admiral Lord Viscount Nelson, Duke of Bronte, Commander in Chief in the Mediterranean Station, &c. &c. between the 13*th of August*, 1803, *and the* 4*th of August*, 1805, *during which Time the said Fleet generally consisted of Ten or Twelve Ships of the Line, and Two or Three Frigates, manned by from* 6000 *to* 8000 *Seamen and Marines.*

1803. From August 13 to the end of the year.

Number of men deceased on board -	18
Number sent to the hospitals - - - -	19
Medium number of men on the sick lists -	185
1804. Number of deceased on board -	43
Number sent to the hospitals - -	46
Medium number of men on the sick lists -	190

1805 to August the 4th.

Number of deceased on board - -	49

Number

Number sent to the hospitals	- -	76
Medium number of men on the sick lists	-	200
Total number of deaths on board	-	100
Total number sent to the hospitals	-	141
Medium number of men on the sick lists		190

Or eighteen to each ship nearly.

The above statement exhibits the most convincing and satisfactory proofs of the advantages arising from the practice of the improvements adopted in this fleet for the purpose of preserving the crews in good health, and the ships wholesome; and if compared with the accounts of the state of health of fleets or squadrons on foreign stations in former wars, the result will be found to shew the importance of the regulations now used in preserving the health and lives of British seamen.

Thus we find Dr. Blane, physician to the fleet in the West Indies, in the year 1781, in a memorial presented by him, in October of that year, to the Lords of the Admiralty, on the health of seamen, deploring the rapid expenditure of seamen in the navy, and stating, that during one year, in a fleet of twenty sail of the line, manned by 12000 seamen, there died on board 715, and in hospitals 862 men, forming a total of 1577 men, of which number only fifty-nine died in consequence of wounds; during the same period 350 men were invalided: the above shews that one man in seven died in the course of one year in the said fleet.

The following causes may be assigned for the high state of health, in which the fleet under the command of Lord Nelson has been preserved for upwards of two years, unexampled perhaps in any fleet or squadron heretofore employed on a foreign station.

1st. To the attention paid by his Lordship to the victualling and purveying for the fleet, in causing good wholesome wine to be used in room of spirits; fresh beef as often as it could possibly be procured; vegetables and fruit were always provided in a sufficient quantity, when they could be purchased, and an abundant supply of excellent sweet water was always allowed to the ship's company.

2dly. The ships were preserved, as far as possible, from the baneful effects of humidity, by avoiding the wetting the decks (at least between the decks), by the use of stoves and ventilators below.

3dly. The constant activity and motion in which the fleet was preserved, being always at sea, and never ex-

posed to the consequences of the idleness and intemperance which too often take place on board of ships lying in harbour, may doubtless be assigned as a principal cause of the good state of health of the crews of this fleet.

4thly. Intemperance and skulking were never so little practised in any fleet as in this, as ships were rarely or never in port; the opportunity of procuring spirits, or going to an hospital, by imposing on the surgeon, were difficult or impossible, hence these causes of disease were subtracted.

5thly. Cheerfulness amongst the men was promoted by music and dancing, and theatrical amusements, the example of which was given by the commander in chief in the Victory, and may with reason be reckoned amongst the causes of the preservation of the health of the men.

6thly. The sick were in general very comfortably accommodated, lodged in airy sick births, in many ships placed on a regular sick diet, and supplied with live stock, vegetables, fruit, soft bread, macaroni, and other articles of diet and refreshments, whenever the circumstances of the service, and the situation of the fleet would admit of these supplies being furnished.

7thly. By a standing order of the Commander in Chief, Peruvian bark, mixed in wine or spirits, was regularly served to the men employed in the wooding and watering service; a drachm of Peruvian bark to one gill of spirits or two of wine, was the proportion allowed for each man; to be administered in divided portions, on going on shore, and on returning on board.

The method followed was to give the bark in a small quantity of wine or spirits, and to wash it down with a glass of wine or spirits, mixed with an equal proportion of water; it was found that the spirits answered better as a vehicle for the bark than the wine, as was experienced on board of some of the ships, in which wine had been used, but afterwards left off, and spirits were used in lieu thereof.

By the returns made by the respective surgeons of the ships to the physician to the fleet, reporting on the efficacy of this mode of prevention of the fevers, which might have been occasioned in consequence of the fatigue and exposure to the weather, and immersion in water by the seamen in wooding and watering; it fully appears that the practice entirely obviated every ill effect which might have been occasioned with regard to the health of the

wooding

wooding and watering parties, and that it effectually prevented the occurrence of fevers, whether intermittent or continued.

This is the more worthy of remark, as it is well known to experienced officers in the navy, that on foreign stations, sickness very often finds its entrance into ships of war, from the wooding and watering parties being first attacked by fevers, in consequence of fatigue and exposure, which fevers often spread amongst the ship's company, and become a formidable and epidemic disease.

LEONARD GILLESPIE,
Physician to the Fleet.

To Lord Nelson,
Victory, at Sea, Aug. 14, 1805.

To Dr. BRADLEY.

SIR,

IN the Medical Journal for May, I find a case of unusual impregnation and delivery, related by Mr. Cribb; if you think the following observations are anyways explanatory of so uncommon a circumstance, you will have the goodness to insert them in your next number.

I am, &c.
WILLIAM CRANE, M.D.

Boston, Lincolnshire,
Sept. 22, 1805.

IT is much to be lamented, that Mess. Cribb and Cooper were not permitted to open the body after the death of their patient; from the well known accuracy and anatomical knowledge that these gentlemen possess, every particular of this extraordinary case would have been before your readers; though much as we may lament the want of such an inspection, we are greatly obliged to them for making the case public: the skilful manner in which they treated their patient, and the faithful account given by them of every circumstance, fully shew that they merit the high estimation that the neighbourhood in which they reside, have for many years entertained of their professional abilities.

In reasoning upon this case, to find an explanation for the menstrual flux and impregnation, we must have a strict attention to the facts before us; without indulging any

any theory, and endeavour to account for them as near as possible, to the well known laws of Nature, we may certainly say, that the uterus, with its appendages, is absolutely necessary to either; that an opening outwards is equally so, as without which, neither the one nor the other could be accomplished. It is not necessary here to notice the various theories that have been formed to explain the cause of impregnation; as it seems perfectly agreed by all physiologists, that the rudiments of the new animal is seated in the ovārium of the female, and that by the proper application of a fluid destined for that purpose, it is in some peculiar manner excited into action, and evolves or produces a new creature of its own peculiar species.

The female, which is the subject of our present enquiries, had a child some years ago, and then had a bad labour, and was, as she expressed herself, very sore; before that confinement it does not seem that she was in any respect different from any other woman. From this fact, I presume, the whole will admit of an explanation; in her former labour I have no doubt but that a compleat laceration of the vagina and perinæum took place, which for want of proper care became ulcerated, and the acrid matter which it produced, corroded the rectum, and thus a communication was formed between that intestine and the vagina; from the same inattention prevailing, the injured perinæum and the vagina, with its labia, healed in a common adhesion, which all soft parts made sore will do, by the means of adhesive inflammation, or granulation. These parts healing in the manner here supposed, we can easily imagine that a fistulous communication was kept open between the rectum and vagina, through which the menstrual discharge took place. In regard to the impregnation which succeeded, I shall only say, that, to medical readers, I have said enough to be understood; and to those who are not of the medical profession, I do not wish to be more explicit; and if I do not mistake Mr. Cooper's meaning, in his letter to Mr. Cribb, he seems to have an opinion similar to mine.

Mr. Dawson, taking it for granted that Messrs. Cooper and Cribb, as well as Mr. Tice, were mistaken in the case, has argued with great ingenuity; but if that gentleman had the *honour* (as I have), of being personally acquainted with the two former of those gentlemen, he would have known, that they are the last, who are likely to be inaccurate, or to give a statement of any event, the truths of which they had not fully investigated. Mr. D. seems very

tenacious of his opinion, and says, that he will not be convinced unless it be proved to him, how a woman could menstruate and conceive with an impervious vagina. This I have attempted; and if that gentleman forms an opinion different to mine, I shall not consider him as one of those that will not believe, though one should rise from the dead, therefore shall refer him to La Motte's Midwifry, Obs. 338, 339, 340; and to Philosophical Transactions, No. 237, page 56, where he will find, that whathas been described by Mr. Cribb, is an event that has been observed before, or at least very similar, and that it is possible for menstruation and impregnation to take place, although the vagina is not perforated.

The superior Advantage of Tapping at the Navel, *illustrated by a Case, by* Ennalis Martin, M. B. *of Easton, (Maryland) December,* 15, 1804.

PARACENTESIS, or tapping, is an operation generally considered the most simple and easy of all others in the art of surgery; and yet, I will venture to assert, there are few operators who have not felt some embarrassment in cases of ascites, as to the safety of performing this most imple operation. The physician and surgeon, in all such embarrassing cases, may console himself in this way: the case is a desperate one; the patient can, at all events, live but a short time, and perhaps the operation may hasten his end; as it is well known, its effects are not always to be guarded against by the most skilful; and though relief may be afforded, it can be only temporary. This is a very improper mode of reasoning, not to say cruel and inhuman. *Few and evil are the days of man.* To correct and lessen the evils of human life, is the duty of every individual; but that of a physician and surgeon is to lessen or relieve altogether the distresses of man arising from disease, and to preserve his life to the utmost span. Though the cause of disease cannot be removed, the pain and distress may be much alleviated, and life made comfortable a few weeks, months, or years, to the great consolation of friends and relatives. To the physician and surgeon it must afford no small satisfaction that he has done the utmost that could be done to relieve his patient; and that he has not stumbled upon the wrong method, when there was a right one untried. I consider the following case in point

point to the above observations, and to the superior advantage of tapping at the navel.

Mrs. H. M. H—— was my patient twenty-one years ago. I knew her well, and have a pleasure in bearing testimony to her good sense, amiable qualities, and domestic virtues. When a child, she had suffered a small distortion in her spine, which grew with her growth, though it never could be said to have affected her general health. She married at the age of twenty-five years, and bore four healthy fine children, all of whom are now living. Some time previous to her marriage, she became affected with a pulmonic disease, which seemed to be so much fixed, as to excite a general belief among her friends, that she was consumptive. With much truth may it be asserted, the lancet was the sole means of preserving her life; of which she was so much convinced, that she always avowed herself a friend to the *depleting system*, though she had, for many years, outlived the use of it.

About this time two years, in the forty-fifth year of her life, the menses had stopped, and the abdomen began to swell, which induced her to think all was not right; but from the banters of her friends, and feeling no unusual indisposition, she was induced to think with them, that she might be pregnant, though the symptoms attendant on this occasion were not altogether such as she had formerly experienced. As she gradually increased in size from November to April, with gradually declining health, and several tumours beginning now to be perceptibly felt in the abdomen, she, as well as her friends, became concerned about her situation. Dr. Johnson was applied to, who expressed doubts, and desired that I might be called in consultation. We were both decidedly of an opinion her case was an ascites, accompanied with encysted tumours, and perhaps some of the viscera so much enlarged, particularly the omentum, as to make it difficult to distinguish the one from the other.

Under an impression that the disease proceeded from visceral obstructions, as well as a general vitiated habit, we began a mercurial course, aided with the most powerful diuretics, such as fol. digit. purp. but to our surprise we found the old fashioned sal. nit. more beneficial. Besides these capital remedies, others were used as symptoms seemed to require. As soon as the system was properly charged with mercury, absorption commenced, the abdomen subsided, and we had, in some measure, very pleasing prospects before us, as her general health was much

mended: but those tumours, which were only felt by hard pressing on the walls of the abdomen before the water was absorbed, were now plainly seen as well as felt, and probably had rather increased than diminished in size. She now walked about the house, and occasionally rode out in a close carriage: but alas! as was expected, these pleasing prospects were of short duration. The abdomen began to swell. The same remedies were pushed to the utmost extent, but in vain. The fluctuation of water was more sensible to the touch than for months before; and the tumours were scarcely perceptible without hard pressing with the fingers. In short, the distention of the abdomen became very distressing and painful. No other alternative seemed now to remain than to attempt a perforation of the abdomen, and to draw off its fluid contents. She herself was anxious for tapping, or any thing which could afford her some respite from constant anxiety and pain. We were fully impressed that the operation ought to be performed; but the fear of wounding these *tumours*, which might not be hydatids, but an enlarged omentum, or some other *viscus*, put us to a stand. At length, finding nothing could be gained by delay, but that every thing was to be apprehended from it, we determined that the *tumours* should be shoved towards the navel, and that an incision should be made through the skin with a lancet, exactly half way, by *measurement*, between the navel and the spine of the os ilium, and that then the trocar should be cautiously introduced through the incision into the cavity of the abdomen. This plan was put into execution on the 29th day of October, 1803, without the least injury or accident, and ten pints only of a gelatinous fluid were evacuated, partly through the canula, and more through the wound between the canula and lips of the wound. After the evacuation of the fluid she was a little fainty, and complained of an uneasy painful sensation through the bowels; all which, in the space of an hour, went off, and she felt much relieved for several days, particularly from the painful distention of the abdomen, and a disposition to eject her aliment, which had been a constant attending symptom from the time the abdomen began to swell, and its contents to press upon the stomach.

In the course of a week, the abdomen began gradually to distend with water again, and, at the end of a fortnight, it was evidently more enlarged than before she was tapped, and was equally, if not more painful, which obliged us to think of a second operation. The wound

was

was not yet healed, and had rather the appearance of an ill-conditioned sore. Her situation would not admit of delay, and we had to fix on a spot as near to that first operated on as possible, as well as to avoid several blue veins thereabouts. On the 23d of November, the second operation was performed with the same caution, and twenty pints of water were drawn off, to her inexpressible relief, though, as before, she was sick and fainty. Now, as repeatedly before, diuretics, tonics, &c. &c. were prescribed, as well to keep up the appearance of doing something, as to prevent the accumulation of water, but to no purpose; the sufferings of our patient were daily increasing, and nothing less than a speedy evacuation of the contents of the abdomen held out a prospect of relief. Notwithstanding she possessed more than the usual fortitude of her sex upon all such trying occasions, a dread had seized her mind, and nothing but extreme pain could have induced her to submit to the operation. The first wound now looked worse than when the second operation was performed, and the second had a bad appearance, and we had to choose a spot between, and a little above the two first wounds. On the 7th of the following month (December), she was again tapped with great caution, but with the most alarming consequences. Syncope took place, and we had the dreadful mortification of thinking our patient was expiring under our hands. However, we were soon relieved from our consternation, by her revival, and though a small quantity of water was evacuated, she was much relieved, after experiencing considerable pain through the abdomen for two hours.

Every thing now proceeded as before for a fortnight; that is, in the course of a week, the abdomen gradually enlarged, with increasing pain from distention, and the usual ejection of food from the stomach. Nothing remained that afforded a chance for relief, but a discharge of the contents of the abdomen. We were loth to hazard the same result, or perhaps inevitable death. The navel had presented itself distended almost in diameter an inch. We reflected, that the only barrier between us and the contents of the abdomen was a little thin distended skin, cellular membrane hardly perceptible upon dissection, and the peritoneum stretched to nothing; and though this perforation through the linea alba, by the umbilical cord, should not be so large as it appeared to be by distention, there could not much injury arise from cutting a little upon the linea alba itself; at all events we should meet

 with

with no veins or arteries to plague us, and if we should cut this tendinous substance, it would probably heal as soon as the first wound by the trocar; but when our patient was told, that no other instrument was to be used than the lancet, and that this practice was sanctioned half a century ago, by an old and celebrated surgeon, Mr. Sharpe, she readily assented to it, notwithstanding we candidly acknowledged we had never performed the operation in that way, nor seen it perfotmed by others. It must be confessed, we had some scruples ourselves on this occasion, because we could not find, by the most diligent research, that the more modern improvements in surgery had authorized this mode of tapping. However, the dread of our patient, as well as our own apprehensions of the consequences, judging from the effects of the last operation, determined us to deviate from the beaten track of half way *measurement*. With some degree of confidence, she was laid partly on her side, and with a common lancet, a puncture was made through the navel, with as much, if not more ease, than a vein could have been opened in the arm. The water flowed in a stream, fully as large as a goose quill, while our patient expressed her surprise and satisfaction, declaring she was scarcely sensible that any thing had been done. "Bless me," said she, "why did you not try this method before? I shall never be under such dread again! I feel easier already!" It appeared as if less pressure was necessary to evacuate the waters; and what seemed very unaccountable, she experienced hardly any of those uneasy painful sensations which had been consequent on all the previous operations. As soon as the water ceased to flow, the lips of the wound closed together, and healed by the first intention in two days, by no other application than that of dry lint, and a plaster of basilicon.

Though now her health began to improve, and all the symptoms to wear a more favourable aspect, she was regularly tapped in this way once every fortnight, with the certain prospect of relief, losing each time from sixteen to twenty-two pints of water, until some time in April, 1804, when we began to date a gradual declension in her general health; a decrease in the quantity of water drawn off each time, and a perceptible increase in the size of the hydatids, from whence there was a more constant compression on the stomach, and, of course, less aliment lay there to answer the purposes of nutrition. Her flesh was very sensibly wasting away, and though we continued to repeat

repeat the operation every fortnight, less benefit was obtained, and less water evacuated each time. What was very distressing to herself, as well as painful to us to observe, after drawing off all that could be pressed out, her size was scarcely diminished. Finding that the benefits arising from tapping would soon be at an end, unless the contents of the hydatids could be emptied, we now began to turn our attention to that desirable object, somewhat a ware of danger, and apprehending difficulties from their probable consistence. Reflecting that time was pressing hard upon us, and that none was to be lost, we determined, with the approbation of our patient and her friends, to tap her as usual at the navel, and while the waters were flowing, to examine with a probe one which lay directly over that part; and then, if adviseable, to perforate it with the trocar. Every thing appearing plain, and without hazard, I introduced the trocar through the puncture, and pushed it into the hydatid, then withdrew the perforator, which was followed slowly by a white gelatinous substance, which seemed to hang from the canula, and, in a little time, to cease to flow at all, which induced us to take hold of it with our fingers, and to pull at it. The canula was withdrawn, and again introduced, but all to no purpose. The air had coagulated this tough viscid matter, and made it a perfect gluten, which almost entirely closed up the orifice. The hydatid had come in contact with the internal lips of the wound, and produced a constant oozing of a thin fluid for many weeks, and thus effectually prevented it from healing by the first intention, which it uniformly had done before in forty-eight hours after each operation. Our distress may be readily conceived on this trying occasion, but that of our patient was mortifying in the extreme. She complained most piteously, that we had stopped the only tolerable avenue to a temporary relief! For five or six months she had enjoyed some comfortable days, but now, alas! she was suddenly deprived of all hope of even a temporary nature! Let it not be supposed this amiable lady was so much attached to life as to indulge an unreasonable hope. She had that natural desire, which inhabits the breast of every human being, of living free from pain. She had also endearing connections, and would willingly have spun out the tender thread of life a little longer; but at the same time, she had too much good ense and reflection not to know that she had, for a long time, been hastening to that " bourn from whence no traveller

traveller returns." Patience and resignation had to her become habitual virtues; but when pain and affliction were constantly accumulating, it was natural to desire and to seek for relief.

Though we had now done what we thought would, probably, have been most conducive to the prolongation of the life of our patient, we were convinced we had taken a wrong step to effectuate that desirable object, and what was also very mortifying, we extracted only a few pints of water, not half the quantity which might have been drawn off, if we had not been so anxious to do more than heretofore. We shall certainly stand excused for going thus far, when it is considered that all the animal functions had almost entirely lost their energy, and scarcely a spark of the vital principle was remaining, that was not oppressed by what we wished to remove. If we could have succeeded in our grand design, we certainly should have arrested the strong arm of death a few months longer, though it must be obvious, our efforts could not have prevailed against the power of disease.

From the last date to the sixth of July, we remained little more than idle spectators of a scene, which we could only lament, and administered palliatives, which were constantly rejected by that organ, from which the animal system receives all its supplies of nourishment and strength. She now begged us to try any method to give some temporary respite from pain, which had become more aggravated. Accordingly, on the sixth day of July, we ventured the sixteenth time on the spot, where we had set out from on the 29th of October, 1803. But, alas! the waters were too gelatinous to flow, or were enveloped in their own membranes, forming hydatids, which we were, by former experience, warned from meddling with. At most we did not obtain more than five or six pints of a gelatinous fluid. Our labours were now at an end, and the *last enemy* our afflicted patient had to contend with *was death,* which cut the tender thread of life on the second day of August, 1804.

To

To the Editors of the Medical and Physical Journal,

" Cicuta Homini venenum est." PLINY.

GENTLEMEN,

NOTWITHSTANDING a *concise* statement of the following interesting particulars has recently appeared in the Nottingham Journal, I presume to think with many of my judicious friends, that the cause of philanthropy will be essentially promoted, by giving it, in an enlarged and more correct form, that degree of publicity, which your widely circulating Miscellany is calculated to afford.

Poisonous ingredients are sometimes incautiously conveyed into the constitution, through the medium of substances otherwise the most innocent and salubrious. That grateful beverage cider becomes highly pernicious by being impregnated with a preparation of lead. Even common water, according to some late and very ingenious experiments, is found to contract a similar contamination from passing through a *leaden* pump, and becomes consequently more or less detrimental to the health. But do many imagine that *common parsley* can be the vehicle of that dangerous narcotic herb, lesser hemlock? Yet, of the possibility of this, two ladies of Castle-Donnington, Leicestershire, were lately unfortunate examples. The hemlock was eaten with some sallad, wherein it had been put by mistake with common parsley, for which it had grown and been gathered. Symptoms of an alarming kind soon followed, indicative of the full operation of that pernicious vegetable. Had the mistake remained undiscovered, there is a just ground for a strong presumption, that the error would have produced the most tragical event. I will here briefly enumerate the symptoms which supervened, in order that any person casually labouring under them, may be enabled; by comparison, to ascertain their real origin.

A troublesome nausea with occasional vomiting occurred, accompanied with oppressive head-ach and giddiness; also a strong propensity to slumber, at the same time that *calm* repose was wholly prevented by frequent startings, and excessive agitations. The mouth, throat, and stomach, were impressed with the sensation of a pungent heat, attended with great difficulty in swallowing. Increased thirst prevailed, with total loss of appetite of every kind of solid aliment The extremities felt benumbed, and

and were affected with tremors; and all the vital and animal functions were performed with unusual inactivity.

It may not be deemed uninteresting, by way of illustration, to state in this place, the different and opposite sentiments entertained by several eminent botanical writers, relative to the effects resulting from the incautious use of this plant. It is curious enough, that some authors altogether overlook it, as Turner, and the Editors of the Encyclopædia Britannica, &c. Gerard, Ray, Parkinson, and Hill, after describing the cicuta minor, take no notice of its poisonous quality, although they all speak of it as being *liable* to be mistaken for parsley, yet without adducing any instances of the kind. Others again speak of it *cursorily*, as an herb capable of exciting slight and transient inconveniences; and there are not wanting characters of the first respectability, who allege that it is a *violent narcotic poison*. Thus, e. g. "We are not sure," says Sowerby, "of the poisonous qualities attributed by some to this plant, but it is at *least unwholesome* as well as unpleasant, and by no means eligible for food." Withering observes, "that this plant, from its resemblance to parsley, has sometimes been mistaken for it; and when eaten, it occasions *sickness*."

To conclude with authorities of its unquestionably deleterious properties, I select the subsequent extract upon this plant from 2 tom. p. 256, of Elementaires de Botannique. "Toute la plante de la *petite cigue* a une saveur *d'ail*; elle est nausieuse, resolutive, calmante interieurement; c'est une caustique tres dangereux à l'exterieur. Elle ne se mele que trop souvent avec *l'herbage*. On n'emploiè que *l'herbe*. On pourroit dans *le besoin la substituer* a la *précédente*: i. e. The conium maculatum, the effects of which are well known to be dangerously narcotic. Dr. Willich has the following passage in his Domestic Encyclopædia, under the article fool's-parsley. This noxious weed greatly resembles common parsley, for which it is sometimes mistaken, and when eaten with other plants, it occasions *vomiting, violent cholic*, and other *painful symptoms*."

Lightfoot, in his Flora Scotica, vol. 1. p. 165, furnishes the following very apposite quotation. "This plant (the lesser hemlock) is of a poisonous nature, producing *stupors, vomitings*, and *convulsions*. Cooks therefore cannot be too careful that they mistake it not for *parsley*, which it a good deal resembles." Chambers, in fifth Edition Cyclopædia, declares, "that the *lesser* hemlock is not less *dangerous*

gerous than the *greater*; it is even supposed *more violent* as well as more *hasty* in its *operation*. Some persons have been rendered *delirious* by eating porridge, wherein it had been used instead of parsley." Again, Bauhin, in 3 tom. p. 180, Historia Plantarum, Venenosam et perniciosam esse plantam cicutariam (cicutam minorem) testatur Dalechampius dicens; Esû cicutæ quæ apii hortensis specie incautum fefellerat, ego quendam novi ad *extremum usque vitæ dementem factum*." Lastly, Mr. P. Miller, in his Dictionary, expressly remarks, "that it is so like *parsley*, that some unskilful persons have gathered and used it as such, by which *several* persons have suffered in their health, and *some* have been *destroyed* thereby."

To what cause must we attribute, and how reconcile these discordant opinions? I think there is good ground for believing, that the lesser hemlock is a plant with which every writer is not acquainted, owing perhaps to the insignificant rank it has held hitherto in the catalogue of poisons. And of the number of those who have given its character from the different effects ascribed to it, we may fairly doubt, whether many of those have actually had an opportunity of observing its genuine operation upon the human system. These, of course, would transcribe only the sentiments of other anthors upon this subject, with which they might casually meet. I must add too, that the reports of those who might witness its deleterious power would necessary vary according to the phenomena; and it is well known, that poisons, taken in the same proportions, exert (in consequence of peculiar idyosyncracies) very various degrees of violence upon different individuals, comprehending a gradation from the slightest symptoms that would scarcely arrest attention to those which are most alarmingly dangerous and even fatal; and it may be further observed, that the poisonous qualities of a plant are materially modified by the *season*, and especially by the peculiar *soil* in which it grows; for a moist shady situation probably will render the *lesser hemlock* both more luxuriant as well as more virulent. Thus we find the cicuta aquatica (another species of this plant) grows *only* in *wet* places, which is amongst the most *poisonous* plants that this country affords; the fatal juice of which, indeed, is supposed by some to have been exhibited to the great Athenian philosopher. Nor is it irrelevant to add, that the lesser hemlock with which the two ladies above stated were so seriously affected, grew in a garden almost secluded

ed from the penetrating solar rays, by spreading trees, and surrounding buildings.

Another source also of this diversity of sentiment may partly have arisen from the *variety* of appellations which have been affixed to the subject of these remarks. Linnæus, Withering, Sowerby, &c. denominate it æthusa, aquapium; Parkinson, cicuta minor seu fatua; Miller, cicuta minor, &c. Ray and Gerard, cicuta tenuifolia; Lobel, cicutaria fatua; Thalius, apium cicutarium, tabermontanus petroselinum caninum; Gesner, apii comes vitium, &c. Hence, perhaps, some, not intimately acquainted with the distinctive characteristics of the *lesser hemlock*, have confounded it with the cicutaria vulgaris, *bastard hemlock*, which Mr. Parkinson says, grows only in gardens in these parts, and is indeed not unlike it in appearance, though not so poisonous. It is not impossible also, that the charophylum sylvestre, named *small hemlock* by Ray, may, by those who are not conversant in botanical criteria, have been mistaken for the plant in question. In this case, as the leaves, in times of scarcity, are sometimes made use of with impunity as pot herbs in some parts of this kingdom, the effects produced, would be described as the most remote from those of a narcotic origin.

It is truly singular, that though all writers upon this weed mention its very close analogy to common parsley, yet no description, sufficiently characteristic of their *respective particularities*, is annexed, to enable a person not a professed botanist, to recognize each individually; e. g. Sowerby says, it may be distinguished by its dark dull green leaves, and *garlic* smell. Withering, on the contrary, is *silent* respecting the *colour* of the leaves, but intimates that they are glossy; and though several authors speak of the *garlic* odour of this plant, yet I agree with Ray and Bauhin on this point, who decidedly deny its possessing *any such smell*, by the words "*odore nullo.*" In short, without enumerating the contradictory descriptions to be found in different writers upon this plant, I shall only observe, that some glaring misrepresentation, or faulty omission, is visible in all the histories which I have had an opportunity of examining. As, however, it must be deemed a circumstance of the last importance to be furnished with infallible marks of distinction which exist at all times in these respective vegetables, I will endeavour, by contrasting the two, to point out such as will enable any one invariably to detect the *lesser hemlock* when found mixed with common parsley. I must here observe, that

it is during their *early* growth, that the striking resemblance obtains. Then indeed the similarity is so close as easily to deceive any one not intimately acquainted with their peculiar differences. Hence it is, that the *lesser hemlock* has acquired the significant epithet of fool's parsley. Even at this period they may be distinguished with a degree of certainty, by the *round, branched,* and *hollow* stem of the *lesser hemlock,* rising *singly* from its root, having a violet tinge on the side exposed to the sun, (but without *maculæ,* or *spots,* as in the common hemlock, conium maculatum Linnæi); whereas *parsley* grows from the bottom of the plant, the first year in *several* long *leaved-stalks*. The leaves also of this hemlock are finer, more acute, decurrent, and of a darker hue. But the difference of their *smell,* and especially of their *taste,* at once establish their characters. It is an *annual* plant, the parsley on the contrary flowers only the *second* year. Should this hemlock have grown into flower *unobserved* with the parsley, still invariable characteristics would present themselves, which should studiously be regarded, in order that the *lesser hemlock* may be eradicated, to prevent its propagating itself by means of its seeds. I allude to three *long* fencelets, consisting of pendant leaves going *half* round *each rundle,* which in parsley are *wanting,* and in lieu thereof, there is a fence of short rising leaflets *surrounding* the umbels. The *flowers* too of the *lesser hemlock* are *white,* those of parsley *yellow*. Each flower of the former, terminates in roundish scored seeds, of the latter in two semi-convex ones, adhering by a *flat* surface to each other. If to these criteria be added the *smell* and *taste,* it is scarcely possible to commit a mistake.

From what has been already advanced, we may, I apprehend, without fear of contradiction, infer, that the *lesser hemloek,* though hitherto very confusedly treated of, is *really* an *actively poisonous herb*; and as it is by *no means* an unfrequent intruder amongst parsley, for which it is unquestionably liable to be mistaken, it doubtless deserves to have its character, and its noxious qualities, universally known and exposed. The slight effects consequent upon a small quantity *only* being consumed, have perhaps occasioned it to be overlooked so very commonly. Hence a dangerous poison is unconsciously used, which insiduously undermines the health. For it is not at all improbable, that indigestion, or other latent causes of indisposition, derive their origin from this source much more frequently than is supposed. And as it is in common with parsley,

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not seldom applied to culinary purposes, its pernicious influence may probably be much diminished, though not wholly destroyed, by this means. It is, I presume, in its *crude native* state, (as in the examples already detailed) that it exerts its full and destructive energies. I will conclude these remarks by strenuously recommending the *curled* parsley, apium crispum, to be cultivated instead of the *common*, as it is not only much more *elegant*, but also possesses the same virtues, and is so widely different in appearance from the lesser hemlock, as almost to preclude the possibility of mistake. I am, &c.

JOHN STEVENSON, Surgeon.

Kegworth, Sept. 7, 1805.

MEDICAL OBSERVATIONS AND CASES.

(Communicated by Dr. Arneman.)

On the Efficacy of the Sedum Acre, Linn. in Epileptic Fits.

THE Brunonian doctrine, beatæ memoriæ, classes the epileptic fits among the asthenic diseases. However, every practitioner, who has had an opportunity of having a sufficient number of such patients under his immediate care and inspection, laments that it is out of the reach of this doctrine, either by stimulating, volatile medicines, or by the continued and progressive application of tonics, to restrain the return of this baneful disease. We therefore are obliged merely to consult the experiments and observations, made from time to time with new medicines. Two cases of Dr. Laubender, made with the sedum acre, claim the attention of the medical world.

A girl, eighteen years old, of a delicate frame, and for a number of years subject to frequent epileptic fits, was ordered to take ten grains of sedum acre mixed with sugar every morning and evening. She suffered a good deal by the medicine, being constantly sick, and she believed an emetic had been administered to her. However, she was prevailed on to continue the medicine, and five days after she took fifteen grains at once. These affected her so violently, that she complained much of her stomach and bowels, and had frequent vomitings and dejections. The dose of course was diminished, and the addition of a little cinnamon thought proper; this she bore without the least inconvenience, and continued it for some time. The epileptic

leptic fit generally made its appearance every four weeks; but at the next turn, it appeared some days later, and passed over sooner. The patient gaining fresh hopes, increased the dose from one to two grains, and within four weeks she took twenty-five grains in each dose. The next fit only shewed itself, and did not come to perfection. She now took twenty-five grains, every morning and evening, and in the day an infusion of the bark in wine; at the same time a nourishing diet. The next period of the attack of the disease went over, without the least appearance. The patient thinking herself cured, wished to leave off taking medicines; this however was not permitted, and she continued till the next period, when likewise not the smallest appearance of the fit was to be perceived. The sedum acre was taken during four months, and left off in autumn. She was entirely free from epileptic fits, during a whole year; but in the next autumn she again had a fit.

A stout young countrymen, aged twenty-four years, laboured under this illness for two years, after fainting away by accident. The fit returned regularly every fortnight. Neither diet, nor change of weather had any influence upon it. The sedum acre was commenced, in doses of 15 grains each, every morning and evening; but this having very little effect, he was ordered to take, five days after, twenty grains. Constant sickness, and several times vomiting, being the consequence, he could scarcely be prevailed on to continue the medicine. The dose now was diminished, and fifteen grains with cinnamon prescribed. Two days after his body was more loose, but this soon ceased. The fits regularly appeared twice within four weeks, yet they were so far different, that the patient did not become senseless, as always had been the case before. The dose was gradually increased. During the next month he had two fits, but by no means equal in strength to the former attacks. The next month the fits did not appear at all. Having now ceased for three months, the patient was ordered to take bark with wine, and continues hitherto to be well.

On the Effects of the Jacca, or Viola Tricolor, Linn. in curing Venereal Ulcers, and other Venereal Remains.

Dr. SCHLEGEL, of Moscow, communicated last year his observations on the jacca officinalis, for the cure of veneral ulcers. The result of which must claim the atten-
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tion of every professional man. However, we cannot forbear laying before our readers some cases, where the boasted effect of the jacca proved very doubtful, at least, as a radical cure.

A countryman, by profession a weaver, had for several years a venereal eruption at his nose, lips and chin, which resisted every medicine he hitherto had taken. On examination, the velum palati was likewise found ulcerated, and besides, some blotches appeared on different parts of the body. According to Dr. Schlegel, half an ounce of the herba jacca was ordered to be boiled in two pounds of water, until reduced to half the quantity, of which half a tea cup full was taken every two hours. The same decoction was applied outwardly, for gargling, and for constantly moistening the eruption. Three days after, the whole had a better appearance. After six days the crusts dryed off, and by the continued use of it four weeks, the face was entirely free from eruptions. The patient finding himself so much relieved, constantly took the decoction of the jacca, which was gradually increased in strength. At the end of the sixth week, an inflammation was spreading over all the infected parts, and as this was thought owing to the jacca, it was left off, when the inflammation subsided. Three weeks after the ulcer in the throat was much increased, and the places where the eruption occurred before, began to itch, and became painful and burning. The jacca was again ordered in smaller quantity, but the inflammation rose to such a degree, that it was thought proper to leave it off entirely, and finish the cure with mercurials, &c.

A girl, aged twenty, was infected with an ulcer in her throat during three-quarters of a year. The decoction of the jacca was prescribed, for gargling, and inward use. The first days she found much relief, but soon after the inflammation was considerably increased, and she suffered a great deal of pain. The quantity of the jacca was diminished, in consequence of which the inflammation subsided, but the ulceration gained more ground; after a continued use of the jacca for four weeks, it became necessary to leave it off, and to apply mercurials, by which the cure was speedily effected.

To

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IT seems that the progress of vaccination is more likely to be impeded by the indiscreet efforts of some of its zealous admirers, than by all the hostile attacks of its decided enemies. An instance of the indiscretion alluded to, occurs in the Report made by Mr. Addington to the Jennerian Society, of the progress and success of the vaccine inoculation at Dudley. The Report has also been published in the Gentleman's Magazine for last June; several of this Gentlemen's statements on the subject are incorrect. The enemies to the inoculation for the cow-pock, may, from hence, take occasion to assert, that the misrepresentation was necessary to the credit of the vaccine cause; on the contrary, a more correct, and more faithful account, will be found most honourable and most creditable to the vaccine disease; in as much, as it is of the highest importance to know, that of the four or five thousand persons vaccinated at Dudley, not one has caught the small-pox, though all of them have been, more or less, in the way of infection, and many of them have lived in the same house, and slept in the same bed with persons labouring under that dreadful disease. "Mr. Addington tells the Jennerian Society, that the extirpation of the small-pox, from the populous town of Dudley, must be attributed, principally, to the unremitting zeal of a learned divine, who had early directed the attention of his numerous parishioners to the preventive system of vaccination, and had taken every opportunity of conferring with his medical friends in the place, and of keeping up, in every possible way, the attention of the inhabitants to the subject."

I should be most happy to confirm the assertion, that the small-pox was extirpated, not only from Dudley, but from the face of the whole earth. But unhappily, in May last, the small-pox was in this town and neighbourhood, and continues, at this moment, to be very frequent and very fatal: Seven victims to the loathsome disease were buried in our parish on the 7th, and four more on the 14th of this month. Why does Mr. A. so studiously suppress all notice of the credit due to the patriotic exertions of the medical men in this town, who have devoted their time and talents to a gratuitous vaccination of

of the poor? Why does he insinuate that the exertions of the medical vaccinators have originated from the influence and persuasion of a much esteemed clergyman? These misreprentations and unjust insinuations, can no way be reconciled with that candour and liberality, which in this country are very generally the concomitants of the medical profession. Surely, it would have been prudent in Mr. A. to have had some communication with the medical inoculators before he presumed to obtrude himself with his report upon so respectable a society. The health of a man is infinitely too important a subject to be trifled with; and, it is most essential to the progress of medical science, that in every case, the truth, the whole truth, and nothing but the truth, be published. If some of these reflections be thought harsh and severe, let every allowance be made for the feelings of a son, indignant at the artful attempt to confer upon another man, that credit which is most justly due to the unwearied and skilful exertions of his father, and of some other medical inhabitants.

The lower class in this town continued to be obstinately prejudiced against vaccination, till they had the strongest proofs of the preventive powers of the cow-pock, to resist the contagion of the small-pox. For in the neighbouring parish of Kingswinford, the numerous workmen of a much loved nobleman, were induced in 1801, by the influence of his lordship's venerated name, to submit their children to vaccine inoculation; and, soon afterwards, a few of his lordship's labourers, resident in the town of Dudley, followed the example. The cow-pock did not become popular in our town, till some of the individuals, vaccinated in 1801, had been frequently exposed, without risk or danger, to all the contagious powers of the small-pox. Those parents who had expeienced in their own families the preventive efficacy of the cow-pock in 1801 and 2, were the first to bring their younger children to the general vaccination in 1804. Their example, and their loud praises in honour of the cow-pock, removed many of the prejudices of the Dudley people.

The writer of this article, has, under the direction, and with the able assistance of his father, vaccinated three thousand persons, whose names and places of abode were carefully entered in a book, and in which was also carefully noted, all anomalous symptoms as they appeared. But this was not done, as Mr. A's Report states, without inconvenience

convenience to any person. For, in our hands, the cow-pock has always been an inconvenience, and, too often, it has proved a serious evil. The system of vaccination, is, in good truth, only justifiable on these strong grounds, that the cow-pock is, upon the whole, infinitely, in every way, a less evil than the inoculated small-pox. Of these three thousand vaccinated persons, all have done well; and though many of them have frequently been in actual contact with the persons afflicted with the small-pox, in its most malignant form, yet no one has caught that dreadful disorder. The lower class are now aware, that when a vaccinated person has (to use their strong expression) the small-pox in his blood, the preventive powers of the cow-pock are not to be depended upon, and in that case, the small-pox will go through its usual regular stages, but yet, the vaccinated part will frequently assume that form and appearance which is characteristic of the vaccine pustule. There were great odds, that out of three thousand children, taken indiscriminately from the general mass of population, that one, at least, would be cut off during the period of vaccination from diseases totally independent of the cow-pock. For though the vaccine disease is a safe and secure protection against the small-pox, yet it cannot be expected to shield the patient from all the disorders to which the human frame is obnoxious.

And many of these children were, at the time of inoculation, affected with various disorders; as dentition, hooping-cough, worms, disordered bowels, &c. all knowledge of which was carefully concealed by their parents or friends, who brought them to be vaccinated.

Various kinds of obstinate cutaneous eruptions are not unfrequently consequent to the vaccination of young children; but they very rarely take place in those who have the cow-pock at the age of ten years, or at any later period.

The vaccine disease has not introduced any new species of cutaneous eruptions, but it is sometimes the exciting cause which brings eruptive diseases into action, which existed before our knowledge of the cow-pock. Hence, we have been induced to give after vaccination, and with great advantage, small doses of calomel and purgatives, as was the usual practice after the small-pox. Since the adoption of this plan, there has been few instances of eruptions from this cause. In consequence of tight bandages on the arm, and other negligent conduct of their friends,

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there have been several cases of most formidable ulcerations on the vaccinated part, attended with considerable swelling of the limb and extensive erysipelas. When these symptoms were not removed by the application of the extract of lead, they were easily cured by regular dressing of the part affected with the ung. litharg. c. acet. In these cases, mild poultices are of no service, and it is difficult to conceive that it can ever be beneficial, or requisite, to apply caustic to this ulcer. In two cases, from the same misconduct of the parents, an abcess formed in the axilla, which was readily cured by the usual treatment. In an infant of six months, convulsions took place on the eighth day of vaccination, they recurred three or four times at irregular periods, and finally left the child in a tolerable good state of health, and in perfect possession of his faculties. There has been no case, to which the term, spurious vaccine pustule, could with propriety be exclusively restricted, for very anomalous appearances will take place in the vaccinated part, according to the properties of the virus inserted, yet they always differ in toto from the genuine vaccine pustule. If there be sores, or loss of skin, in any part of the body, it is not uncommon for vaccinated children to excite the vaccine inflammation in such parts, by scratching them when their fingers are loaded with the cow-pock fluid. We have seen no case where the vaccine disease could be charged with predisposing to scrophula, which is too frequently the case with the inoculated small-pox.

This town will afford another example to those already recorded in your Journal, of a person being reinfected with the small-pox. A child of Mr. Downing, then resident at Stourbridge, was inoculated in the spring of 1804, by an eminent surgeon of that place, for the small-pox, which the child had in a very favourable way. In May last this child caught the Small-pox and died. In the second and fatal attack of the small-pox, the attendance of the surgeon, who inoculated the child in 1804, was required. He well recollected every circumstance that attended the inoculation of the child, and declares that inoculation and subsequent variolous disease, to have been perfectly regular, and such as he should, in all cases, have relied upon with implicit confidence.

I am, &c.

THOMAS WAINWRIGHT.

Dudley, Sept. 19, 1805,

To

To Dr. BRADLEY.

SIR,

THE Reports which certain public associations have circulated, that the vaccine inoculation has not been embraced in Ireland with the zeal which its character merits, is too general a charge; for, in some districts, even country gentlemen inoculated, with presumed success, numbers of children who were brought in groups to their country seats for that purpose; and, in some parts of Ireland, the practice was early adopted by medical practitioners. I adopted it, in April 1801, and was the first person who introduced it into the north-west district of Ulster. Of my practice, particularly with respect to atmospherical influence, I intend to publish an account. If it have not spread in Ireland, with the rapidity it has done in other countries, we may in future have reason to congratulate ourselves on the slowness of its progress, whence, according to the proverb, may result its sureness; for I am apprehensive, that the enthusiastic rapidity with which it is pursued in some countries, where thousands and tens of thousands are inoculated with a sort of magical slight, will eventually injure its repute. Here, (Derry), where it is gaining ground, the small-pox was not, in my memory, (thirty-three years back), so long absent as it has been since vaccination began to increase, which has been the case for more than a year past.

I am, &c.

W. PATTERSON.

October 8, 1805

ON THE ORIGIN AND PROGRESS OF EMPIRICISM.
BY DUNCAN FORBES, M.D.

THE sentiments and character of man appear to be much influenced by those social institutions with which he is conversant: In dark and barbarous times, he sinks into abject slavery, and becomes unable to extricate himself from the fetters of prejudice; but in the progress of civilization, he gradually acquires a greater confidence in his powers, and assumes a higher tone in his pretensions. He attaches himself to the cultivation of science; knowledge begins to be more widely diffused, and the fine arts receive

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encouragement and protection. It is nevertheless a galling consideration, that while other branches of human knowledge are progressing towards maturity, the science of medicine, which confers upon mankind the greatest of all comforts, except those of religion, should be among the last of those that attain to perfection. The healing art, consigned among Savages to the charms of the reputed sorcerer, is by a large proportion of the inhabitants of civilized states, but too frequently intrusted to the interested pretensions of nefarious quacks, and to the far less dangerous prescriptions of superannuated females; while gross ignorance, servile complaisance, criminal duplicity, and meanness of spirit, constitute prominent features in the characters of not a few of our regular practitioners both in town and country.

In the opinion of the populace, the medical practitioner ought to possess a specific remedy, calculated to alleviate or remove every infirmity which preys upon human life. This unjust requisition on the part of the multitude confounds the empiric with the physician. The latter carefully considers the whole phenomena of the disease, and marks with attention the effects of remedies; his knowledge is of course acquired by observations, and by attending to the results of well instituted experiments. The intellectual character of the former may be thus briefly delineated. A medical empiric is one, who ignorant of the operations of nature, and disregarding her laws; ignorant too of the causes and characteristic symptoms of a disease, and a stranger to the opinions which at different periods have been entertained regarding it, and to the light reflected on it, by the observations and experience of past ages, simply asks its name, and then, without any view to rational indications of cure, administers his nostrums in random succession. Now we may fairly argue, that this man's experience must be false, and that he must inevitably plunge himself deeper and deeper in error, because his presumption leads him to practice an art, of the principles of which he is grossly ignorant; and because he is a servile imitator of other men, while he comprehends not those views of the diseases, which suggested their practice.

In the infancy of medical science, a careful inspection of diseases was necessary before they could be discriminated, or their causes explained. The empiric too is often desirous to see his patient; but then he neither investigates the case before him, nor is anxious to ascertain the *data*, on

on which his practice rests. He rejects all information, proclaims open hostility against every principle, and deems himself instructed, as by heavenly inspiration, in all the *arcana* of the Esculapian school. I would not be understood as denying, that even empirics are capable of forming certain combinations; but I do not hesitate to contend, that these combinations are confined to the superficial ideas of things, or rather that they extend not beyond the perceptions of the senses.

I have somewhere read, that the physicians of Chili blow round the bed of their patients to drive away diseases. The Chilians seem firmly persuaded, that dexterity in the management of this wind, substantiates the character of an experienced practitioner; and their doctors would, no doubt, ill brook any innovation which might multiply the difficulties in the method of cure.

It must be confessed that regular physicians themselves, by exhibiting occasional marks of duplicity and meanness of spirit, by a servile compliance with the caprices of their patients, and by sacrificing to every idol of fashion, have in all ages considerably abetted the cause of empiricism. This charge can be easily substantiated by an appeal to medical history both in ancient and modern times. Egypt was the ancient repository of medical science; and until the æra of the Mamalukes, many of the Egyptian physicians were equally respectable from their literary attainments, and for the zeal and probity with which they exercised their profession. But these barbarous and ignorant tyrants requited the care and skill of their medical attendants by the most licentious and arbitrary cruelty. Sunk in the profoundest ignorance, and of course strangers to every principle which should regulate the conduct of a physician, they insisted on immediate relief from every the slightest sensation of pain. The physicians, terrified into compliance by the threatenings of despotism, and compelled to act in obedience to the blind caprice of these absolute masters, no longer aimed at rational indications of cure, but at soothing the impatience and irrascibility of their princes. Instead of investigating the principal seat of the disease, they confined their attention to some particular symptoms, which seemed to require immediate mitigation; and having thus succeeded in procuring a momentary alleviation of pain, the sources of the complaint were left inherent in the constitution, and the tyrant was abandoned to his fate. By this mode of practice, they were indeed successful in conciliating the affections of

their employers; but medical science rapidly degenerated, and since that period the physicians of Egypt rank among the most illiterate and superstitious empirics.

Galen, whose extensive genius and indefatigable industry enabled him to concentrate within himself, all the knowledge of nature which previous inquiry had brought to light; Galen, the tenor and spirit of whose work bespeak a mind under the best influence, who pursued the science which had been the object of his early choice and long contemplation, with extraordinary ardour and intensity of thought, through all its immediate and remote connections; and whose attention was engaged by every object possessing the most distant real or imaginary reference to medical pursuits, feelingly complains of many physicians of his day, who unblushingly made their court to the ladies, by assiduous attendance at the morning toilet, and by devoting the evening to the most sumptuous amusements. By thus countenancing the reigning follies, and modelling themselves to every fashion, they obtruded themselves on the public attention, and endeavoured to establish their reputation. And, hence the reason, adds this eminent man, why the fine arts and philosophy are considered as very useless branches of the physician's knowledge.

I know not whether the profession at this day can claim an exemption from this serious charge, brought by the excellent physician of Pergamos against the medical fops of his age; and if the charge actually attach to us, can we be surprised that ignorant mechanics should quit the lath or the loom, for the more lucrative trade of an empiric? or that the mere compounder of medicines, armed with his Pharmacopœia, his pestle, and his mortar, should boldly strut forth in the character of a physician, and undertake the treatment of diseases?

Pliny has very well observed, that he who is possessed of a sufficient stock of impudence, may easily enough pass for a physician.

The unblushing effrontery of empirics, and their success in ingratiating themselves with the many, had not escaped the attention of the great Lord Bacon, who remarks, that an impostor frequently rules supreme at a patient's bedside, and that his crude reveries are received as the decisions of an oracle; while genuine merit is insulted, and his opinions are treated with contempt, the people having always had a propensity to encourage the pretensions of quacks and old women, and to regard them

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as the rivals of true physicians. The length of diseases, continues this profound student of human nature, the sweets of life, the illusive flattery of hope, and the recommendations of the patient's friends, constitute the grounds of that preference, not unfrequently given to the vilest and most ignorant quacks, over the most experienced and greatest adepts in the science. Hope, indeed, is the last friend of the distressed; and the ignorant fellow, who has studied the humour more than the disease of his patient, will encourage its indulgence, while the physician of learning and of conscience, however much his humanity may dispose him to revive his patient's drooping spirits, by every encouragement and hope which can honestly be suggested to him, will never represent the danger as less than he actually believes it to be; will never intentionally be so far misled by mistaken tenderness, as to be guilty of positive falsehood; regarding the holy apostle's injunction, not to do evil that good may come, as clear, and positive, and universal, he will never flatter the patient or his relations, by giving promises or raising expectations, which he knows and intends to be delusive.

In his competition with the empiric, the regular practitioner labours under many disadvantages. If by a kind effort of nature, any of his promises be realized by the event, the former is applauded to the skies, and a thousand voices proclaim his success; but should the patient find his disease aggravated, or his confidence misplaced, a sense of shame imposes silence, lest blame and ridicule attach to him, for having intrusted his constitution to the management of an impostor, who considers the credulity of mankind, as a licence for the exercise of his bare-faced roguery. It may further be observed, that the empiric runs no risque of shipwrecking his reputation, because the ignorant alone prop his fame, and because in every instance of failure, the blame attaches to those who listened to his absurd pretensions. The empiric further addresses himself to that predilection for novelty, and to that *penchant* for the marvellous, with which the bulk of mankind are so deeply tinctured; these being predominant, are the more amply gratified, the more the quacks pretensions exceed the bounds of rational probability. He applies a barbarous name to a plant, which he had picked up just as he entered the village, and expatiates in a pompous strain on its miraculous virtues; this plant is immediately enrolled in the list of specifics, and adopted for the cure of every infirmity.

Galen

Galen has left us a finished portrait of an empiric, in his character of Thessalus, a noted quack, in the reign of Nero. As the medical impostors of every age may, in not a few circumstances, claim kindred with Thessalus, I shall subjoin a translation, for the benefit of those of the profession, whose classical attainments are not sufficient to enable them to consult the original.

The father of Thessalus, says Galen, was a workman, who tried in vain to give his son some idea of what is great and beautiful. Without the least tincture of letters or philosophy, Thessalus took it into his head to commence physician; and according to his own gross way of thinking, he was really entitled to this appellation. He had not however proceeded far in his new career, before he felt himself deficient in many parts of knowledge, and in the qualities which are necessary to enable a man to advance with credit in his profession. He still preserved the tone, the manners, and the language of a man of trade; but through his thin disguise, you might easily distinguish in him the carder of wool. Conscious of his defects in all the requisites of his profession, he began to win upon his patients, not by prescribing remedies suitably adapted to the circumstances of their case, but by flattering their hopes, and by sacrificing to their vanity Notwithstanding the natural severity of his temper, he knew how to mould himself occasionally to the will of his patients, when he saw that his low complaisance would turn to good account. But with all his suppleness to those whose favour he had gained, he shewed the greatest impudence and temerity towards all regular practitioners; and he had no sooner succeeded at Rome by his meanness, than he exclaimed without remorse against all physicians, and even went so far as to assert, that himself was the only person who deserved that title. He was not less injurious to the dead than to the living, and even took pleasure in reviling the memory of Hippocrates.*

Such was the character of Thessalus, as delineated by a contemporary observer; and does not many an illiterate, self-consequential practitioner of our own times, strongly resemble the original picture? Is it not equally a subject of surprise and regret, that our constituted authorities should not only tolerate these destructive vermin, but even sanction

* Vide Galen Pergameni de Med. Method. Lib. prim. sub. init. vel. Epitomen. Gal. Oper. &c. Auct A. Lacuna. Fol. p. 409.

sanction their deleterious pretensions? I shall, in a future part of this essay, take the liberty of going into some detail relative to this glaring abuse of the royal prerogative, in giving currency to the sale of Panaceas, and Specifics, and Nostrums: here I shall content myself with observing, by the way, that the people, blind, and obstinate, and ignorant as they are, should not be surrendered as a prey to a set of impudent and dangerous men, who unfeelingly tamper with their lives, and fleece them of their substance. The Sovereign has been stiled, yes, and justly stiled, the father of his people, he is unquestionably a man of humanity; we are of course authorised in the supposition, that he would lend a favourable ear to any representation which might be made to him on this subject, why then should not so flagrant an evil be expostulated against, and why should not our colleges unite their joint influence in the reformation of such destructive abuses?

From the preceding sketch, it is I think obvious, that in every age, and in every country, medical impostors have contested the ground with scientific and regular physicians. We must not however deceive ourselves by the use of words, or suppose that the term *Empiricism*, which is now the designation of those who banish all reasoning and theory from the art of medicine, and maintain, that experience is the sole guide to safe and successful practice, originally paid no regard to logical deductions from theory, or rested their practice entirely on their own limited experience. That the fact was otherwise will manifestly appear from the following historical detail, relative to the rise and progress of this celebrated medical sect.

It must be obvious to remark, that in the earliest ages of physic, before philosophy was incorporated with medicine, and influenced its practice, the most rational and conscientious physicians must have been guided by their own observations, and of course must have ranked among the empirics. It is true, they had not then assumed this term, as an appropriated designation, neither had they arranged themselves into a particular sect, but they coincided in opinion as to the plan of practice to be pursued, and they scrupulously traced the footsteps of their predecessors. No sooner, however, had they enlarged the sphere of their knowledge, than they deviated from their beaten tract, and each insensibly explored for himself a different route. The greater number devoted their time to useless researches, and were wholly occupied with frivolous subtleties, resulting from the defective philosophy of the times.

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These diversified modes of speculation necessarily resulted in different conclusions; and these conclusions as naturally suggested the employment of different remedies. Particular articles must have had more decided effects than others; and such effects coinciding with prevalent opinion, gradually gave rise to a sect, who displeased with the unavoidable mistakes of their theoretical masters, withdrew from them their whole confidence; and from an exalted sense of the preference due to observation over authority, resolved wholly to abandon the speculative subtleties of their brethren, and to rest their practice entirely on experience. This sect dates its origin from the æra of Herophilus, an eminent professor of the Alexandrian School, whose discoveries contradicted every established opinion relative to animal sensation, and who justly concluded the art of reasoning, as of inferior importance to the means of cure. Herophilus observed, that from philosophising on the causes of diseases, physicians were too frequently led to reject the most important remedies, because they did not chime with their systematic ideas; and hence the foundation of that scepticism, which led him to conclude, that physicians, in proportion to their imagined scientific acquirements, deviated from the plain path of observation and of experiment.

Philenus of Cos, the pupil of Herophilus, carried his aversion from medical speculation a step further than his master. He not only contended that such as endeavoured to penetrate into the recesses of physic lost themselves in the labyrinth of errors, but that even the anatomical knowledge which he derived from the prelections and demonstrations of his teacher, did not add to his resources in the treatment of diseases; that of consequence the attempt to explore the causes of diseases, must necessarily be unavailing, since anatomy itself furnished no light to conduct the enquirer in the path of discovery. He contended that the physician should abandon the search after hidden and undiscoverable causes, and attend to the obvious phenomena of nature; and that theory and hypothesis should give place to experience and observation. Serapion, another eminent teacher of Alexandria, reduced these ideas into a system, and became, according to Celsus, the founder of a sect, the followers of which assumed the name of empirics from the Greek word Εμπειρα, which signifies experience.

But, in order to contrast the pretensions of ancient and modern empirics, it will be necessary to attend to the

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import of the term *experience*, as adopted by the disciples of Philenus and Serapion. These ancient physicians, then, understood by *experience*, all the knowledge brought to light either by chance or by experiment, all the knowledge that could be deduced from a careful attention to the effects in which the same experiment, repeated in various circumstances, resulted. A Physician, in their opinion, possessed true experience, when, by means of various trials, and of various results, he was enabled to establish certain *data*, from which the effects of similar trials, in similar circumstances, might be calculated; or from which the *rationale* of such deviations from the usual results, as, on particular emergencies might occur, could be accounted for with sufficient probability. The first step towards the acquisition of this knowledge, was, in their judgment, habitual and attentive observation; the second, a careful perusal of what had been written by others, concerning the history and cure of such diseases as had been the subject of their practice. By thus combining reading with actual observation, they hoped that the physician would be able to ascertain the point of resemblance and of difference between various diseases, and thus, when any new case came under his inspection, to form a judgment as to the proper indications of cure, from recollecting the mode of practice adopted in some known disease, to which the case under deliberation bore a resemblance. This view of the subject Serapion and his followers, called reasoning from analogy.

From this mode of procedure, it is therefore obvious, that the *experience* of the ancient empiric was founded on the testimony of his senses, corrected by his recollection of what had been observed by others; and on a comparison of what had been ascertained as fact, with what from its not having formerly occurred, must necessarily be the subject of conjecture. So rational were the empirics of ancient days, and so remote from the mischievous ignorance and craft of their modern successors.

Serapion and his adherents exposed the absurdity of attempting to investigate the latent causes of diseases, and strenuously contended that the physician's attention should be wholly confined to such as were obvious to his senses. In the then state of the science, these positions of Serapion and his scholars, were certainly very tenable. It was reserved for anatomy to discover those secret springs of unhealthy action in the system; and it must be remembered, in the time of the Alexandrian Professor, anatomy

tomy was in its infancy. They who attempted to explore the latent sources of disorder in the age of Serapion, must have been guided by the glimmering light of the philosophy of the times, a light very inadequate to dissipate the surrounding gloom, or to enable the enquirer to keep aloof from the devious windings of error and of conjecture.

It is obvious, then, that the original founders of empiricism attempted to effect a desirable revolution in medical science. Their object was to rescue the healing art from the dominion of authority, and from groundless hypothesis; a reformation, which discussion relative to the proximate causes of diseases could not accelerate, and they of consequence abandoned this field of inquiry. It were, indeed, morally impossible for them to occupy it with success. They had no certain land-mark to direct them in their researches, they must therefore have groped their way in darkness: they must have substituted chimera for truth, and their erroneous conclusions would instantly lead them to form false indications of cure. To the external or remote causes of diseases the ancient empirics were not inattentive; yet were they not in the least studious to determine the mode of their operation. In no part of their practice were they influenced by the consideration of these causes, and they were objects of attention so far only, as they could be considered as constituting a part of those signs, by which the nature of the disease in question could be successfully ascertained.

The ancient empirics were peculiarly eminent for their talent of observation. With the closest attention they studied the case before then ; and in forming a diagnosis, they availed themselves of every fact, with which past experience had stored their memories. Hence the adage, so current among them, that an attentive comparison of the disease under consideration with such similar cases as recollection furnished, constituted the very essence of physic, and comprised all the requisites of successful practice. If they suffered themselves to be influenced by reasoning, in adopting their curative indications, it was by such simple deductions, from the facts under review, as could not possibly lead into error, or by such obvious conclusions, as spontaneously suggested themselves from the circumstances of the case. They therefore proscribed only such reasonings as were founded on false or uncertain principles; they rejected neither the examination of symptoms, nor the phenomena of diseases, nor analogy, nor erudition. The respectable founders of this sect must therefore

therefore be exempted from that blame, which so justly attaches to their successors, who propagated tenets which their masters never espoused, and condemned anatomy and physiology, and philosophy, and every branch of collateral science, to which Philenus and Serapion allowed their due weight, and which must, indeed, be regarded as the only permanent basis on which a solid medical superstructure can ever be reared.

From this account of the ancient empirics, which is chiefly extracted from the elegant preface of Celsus to his treatise, "*De re medica,*" it will occur to the most superficial observers, how widely they differed both in their principles and in their practice, from their stupid and crafty successors; nor can they indeed be justly charged with the crime of disregarding the dictates of sound reason or of mature reflection.

It is, indeed, well known to such as are conversant with medical history, that to the industry of the ancient empirics we are indebted for the introduction, or rather for the full knowledge of sedative and narcotic remedies, on the liberal exhibitions of which, probably, depended the superior reputation, acquired by some of them over their more cautious antagonists. Of this superiority a singular instance occurs in the many existing testimonies to the fame of Heraclides, of Tarentum, who is handed down to us as the most successful physician whom any age or country ever produced.

But, besides the changes effected by their principles in the essence of medicine, the conduct of the ancient empirics, accomplished a revolution in its external form and condition.

No longer engaged in studying systems, and averse from speculating even on the symptoms of diseases, they exerted their whole faculties, in investigating the power of medical substances, which constituted the basis of their pre-eminence in pharmaceutical skill. When sufficient exercise was found for their peculiar talent as physicians, the dietetical and chirurgical branches of medicine were devolved on other persons, who, in like manner, confined themselves to their several departments.

Thus was it, that the healing art, which hitherto had been uniformly studied and practised, in all its parts, by one man, became divided into various branches, insomuch that the dietetic and pharmaceutic physician seldom acted in concert. The *apotheca* or repository of simple and compound medicines, was, for a long time, in the house of

of the pharmaceutic physician, whither they were brought ready for use, by the several tribes of collectors and workmen, who at length availed themselves of such superficial knowledge of their qualities, as they casually collected, to usurp the office and dignity of their masters, in the manner which we shall proceed to describe in a subsequent Number.

Edinburgh, August 1, 1805.

[To be continued.]

On ISCHURIA, *the Introduction of the* CATHETER, *and most expeditious Method of making* LEECHES *Bite*; *by* DR. CUMING, M. D. *Surgeon of His Majesty's Ship Pegasus.*

CONCEIVING that the enclosed case may be deemed interesting to many of your readers, and beneficial to some unhappy sufferer, labouring under the same complaint, though there is nothing very nouvelle in the treatment, without the mode adopted for the introduction of the catheter may be esteemed such. Be this as it may, I have great pleasure in recommending this method of introducing the instrument, from a thorough conviction in my own mind, that the operation will in general succeed, and be greatly facilitated by it.

Having mentioned the application of leeches to the perinæum, I shall avail myself of this opportunity of pointing out an easy and expeditious way of making them bite, an operation fraught, not unfrequently, with great tædium and perplexity, and which often exhausts the patience of the operator. For this knowledge, I am indebted to a man in Romsey, at whose dexterity I was at first surprised. He is a dealer in leeches, and generally applies them himself, receiving the market price for them, and the leeches, after they have performed their office, for his trouble.

He ties up the end of one of his fingers with a piece of thread or tape, and plunges the point of a needle into it, and the blood which is drawn, he applies to the part which it is intended the leeches should bite. But before the application of the blood, the part is well washed, and freed from the scent or grease of any medicament which may have been previously applied. If it be necessary to wash

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with soap, it will be adviseable to rewash with milk afterward. Any number may be almost instantaneously fixed in this way, provided the tail of the animal is not taken for the head; and I must here remark, that there is no difficulty in discovering the one from the other; the head is always on the stretch when handled, is quite pointed, and of a conical shape, so that, as soon as the finger and thumb are applied to the body of the animal, the head will ever be discovered from its appearing smaller and more pointed than the tail; and when it tastes the blood, it in general fixes on the spot immediately.

I have known them applied in this manner as fast as the operator could pick them up from the vessel which contained them. One of the greatest advantages resulting from this knowledge, consists in being enabled to draw blood from the very point where it is most required. I have been frequently foiled in my attempts to fix them where I wished, and have sacrificed much time and patience in the attempt, previously to my having been favoured with this fortuitous sapience. Those who know how to appreciate local bleeding in topical inflammation, and conjestion of blood, in apoplexy for instance, will not think the time employed in reading this paper mispent; and if I mistake not, the learned Editors of this work will readily find a place for any communication which may either directly or indirectly add any thing to the stock of medical knowledge, or benefit the ars medendi.

Tempus fugit et fugit celeriter! Therefore let such of the profession who have treasured up knowledge, that may be useful to their fellow labourers, and beneficial to the community, impart it freely, and not, miser-like, shut it up in the rusty coffers of their narrow-minded souls.

ON the 14th of Nov. 1803, Mr. C—— made application to me for relief from a suppression of urine, stating, that for many hours he had not been able to void more than a few drops at a time, and that his inclination was constant, and the pain and irritation extremely severe; he was of a plethoric, sanguine temperament, in his 22d year, muscular, and well formed. I gave him pulv. jalap. gr. xxv. sal. nitr. ℈j. statim sumendus. Five or six hours elapsed without any evacuation; half the quantity of the same medicine was repeated, and in the evening a copious discharge took place, without affording any relief, the bladder was greatly distended, and the parietes of the abdomen above the os pubis were tense and prominent. I advised him to submit to the

the introduction of the catheter, which he readily consented to, but was foiled in my attempt, after trying every possible method that was most likely to render my endeavours efficient; the catheter entered with great ease, apparently as far as the membranous part of the urethra, or to the prostate gland; and by using a steady, firm, and cautious force, I felt the sensation of something giving way to the point of the instrument, impressing me with the idea that bands were formed across the passage; from the exudation of coagulable lymph, it is equally probable that the passage was nearly or totally obliterated by surrounding inflammation: the patient possessed more than ordinary fortitude, and begged me to persevere. I found the instrument advance suddenly for the space of half an inch, which induced me to hope that the stricture had been overcome, but to my great regret, on withdrawing the stillette, nothing but a few drops of blood followed.

I now deemed it prudent to desist; on removing the catheter, about an ounce of urine followed with very hard straining. I immediately gave directions for a warm bath to be prepared, and in the interim he took tinct. opii, gtt. 50, and before he was put into the bath I bled him from a large orifice to the amount of ℔j. when he was immediately put into a large oval tub, and my reason for preferring this form of the vessel will appear in the sequel. He was kept in the bath in an horizontal posture for forty-one minutes, when he became exceedingly faint, and begged to be put to bed; his face was completely covered with perspiration, and there is every reason to think that the perspiration on the rest of his body had been very considerable, as the pain was considerably abated. I suppose he evacuated a small quantity of urine in the bath, for I advised him to make efforts for that purpose, though on examination, after he was put to bed, the same degree of tenseness and prominence was observed above the os pubis. I left him, with directions to drink as little as possible of barley water, or any other diluent, and desired him to moisten his mouth with a slice of lemon and loaf sugar; he had another anodyne draught to take during the night. I did not think it prudent to risque a repetition of the introduction of the catheter, for fear of inducing great inflammation, especially as the current of the fluids had been directed to the surface, on which account I consoled myself with the idea that the secretion from the kidnies would be trivial; and from the plans I intended putting in execution

tion in the morning, after the body had been so perfectly depleted, I augured favourably of the result of the case.

15th. I found his pulse full and frequent, his tongue nearly covered with a white fur; he had a restless night, and voided a few drops of urine at intervals; the distention of the bladder appeared much the same, and the pain was very distressing. I had the patient again put into the warm bath, and kept him there until he was so much relaxed, that deliquium seemed to be fast approaching; this I deemed a favourable opportunity for the introduction of the catheter, and therefore took advantage of it whilst he remained in the large *oval tub*, for herein the advantage of this sort of vessel must appear obvious; the tub was deep, and from the quantity of water it contained for the purpose of completely covering the patient, it was necessary to place a small stool under the breech of the patient; and whilst the upper part of his body was supported by resting his arms on the edge of the tub, the extremities were drawn up, for the sake of relaxing the body, and thereby facilitating the introduction of the catheter; and notwithstanding every thing appeared to favour my exertions, yet I met with considerable resistance, and sufficient to stagger my fortitude, but by a cool and steady perseverance I had the unspeakable felicity of seeing my endeavours crowned with succcess, and, under the blessing of Providence, I snatched from the jaws of death a lieutenant of the navy, whose valuable life may benefit his country, and bind his brow with never-fading laurels. I drew off nearly a large chamber-pot full of high coloured urine, had him immediately wiped dry, and put into a warm bed; the catheter was secured by passing a tape round him, and it remained several hours in the passage. By way of a refrigerant I gave him pulv. sal. nitr. ℈j. 4 de die, allowed him a poached egg, and such liquids as were diluting and aperient, with injunctions to be sparing in their use. When I visited him in the evening, very little urine had been discharged; he complained of little pain, and was as well in every respect as circumstances would admit of; the sensations he felt in the urethra, he said, were strange, and he experienced some pain and numbness in the course of the sciatic or crural nerve, which took place, and continued from the first time I attempted to draw his water off. Though little urine had been discharged during the day, I was not alarmed, for, from the relaxation observable above the pubes, I imagined little had been secreted. The anodyne was repeated at bed time.

16th. He enjoyed a pretty good night, and voided his urine in a small stream; the same treatment was observed with respect to medicine and regimen: in the evening, a messenger was dispatched after me, with the unpleasant tidings, that the patient's water came off very slowly, and with great difficulty; on visiting him, he complained of a sense of heat and fullness about the neck of the bladder; dreading a repetition of the inflammation, nine or ten leeches were immediately applied to the *perinæuum*, which discharged a considerable quantity of blood, and relieved him so much, that his urine, in the space of a few hours, flowed in a full stream. The relief obtained in this instance, was so evident, that I think it a duty incumbent on me to recommend their application to this part in all cases of ischuria, arising from inflammation. This, if I may be permitted to expresss myself, is a piece of utility which neither teachers of medicine nor authors have inculcated in this disease.

17th. He passed a comfortable night, and in a few days was restored to perfect health.

This disease is universally allowed to be very dangerous; and from the practice I have had in it, I am inclined to suppose, that many cases have terminated fatally from want of perseverance and fortitude on the part of the surgeon. The introduction of the catheter is certainly a painful operation, yet, in my opinion, in all cases of imminent danger, the surgeon should be deaf to the intreaties of the patient, when he desires him to desist from pursuing those means, which alone can insure success; for that principle which arises from a conscientious discharge of duty, should never yield to motives of an inferior nature, such as may be denominated tenderness, or false delicacy; many opportunities of showing his conciliatory kindness and attention will occur, without risking the life of his patient by cowardly concessions.

September 15, 1805.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN.

AS there is no complaint more distressing to the patient, nor more perplexing to the practitioner, than every species of Hernia, I have taken the liberty to send you the following case, which, if you deem of sufficient importance to

to merit a place in your much esteemed Journal, I beg you will insert it.

On the evening of 29th August last, I was sent for to Mr. I. G. 73 years of age; he has been a very healthy man, but has had a rupture upwards of seventeen or eighteen years, for which he never wore a truss. Upon enquiry I found a very large portion of the bowel had descended into the scrotum, on the left side, which formed a tumor nearly as large as an infant's head; a most acute pain is felt in the tumor, attended with uneasiness over the whole abdomen; bowels costive, sickness at stomach; had vomited several times, but little thirst; pulse rather full, and 86 strokes in a minute.

I have met with several very distressing cases of rupture, and have always, hitherto, been exceedingly foiled in my intentions towards relief; glysters, castor oil, and the different neutral salts, sometimes bleeding, with small doses of opium, have been of very little service after many hours, and even days, regular perseverance in the use of them; but fortunately for my patient, the subject of these observations, a very interesting case of the same kind, cured by opiates, and related by Dr. Ross, of Montrose, fell into my hands; I was therefore determined to try what effect a strong opiate would have in the present instance.

Without paying the least attention to the costive state of his bowels, I immediately gave him a mixture composed of 150 drops of laudanum, ℥ijß cinnamon water, and ℥ß syr. white poppies; one-third to be taken immediately, and to be repeated at intervals of an hour. The first dose brought on considerable relaxation of the part, and he obtained relief in two hours, fell asleep, and did not wake till four o'clock in the morning. He then had some little return of pain and tension of the belly, took a second dose of the mixture, fell asleep again, and at seven o'clock this morning (August 30) the bowel had returned into its natural situation. He expressed great pleasure, by saying he was as well as ever he was in his life.

It may be necessary to observe, that the laudanum did not occasion the least sickness at stomach. He took two doses of Castor oil, waiting two days betwixt each dose; since that time he has remained perfectly free from the complaint. I shall not make any comments; I merely wished to simply state the case, for the information of your readers, and the good of the afflicted in general.

I am, &c.

J. GOODALL.

Epworth, Lincolnshire, Sept. 18, 1805.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

ON Saturday evening last I was sent for to a man dangerously ill, as the messenger expressed himself; and when I reached my patient, about eight o'clock, I found the expression but too well founded, for he was labouring under an incarcerated hernia, (oscheocele.)

The descent took place (not for the first time) about three o'clock the same day, and the pain soon became excessive, attended with vomiting, transitory delirium, cold sweat, and tormina in the bowels.

Judging the case to be of the most desperate nature, and in a plethoric and robust frame, after ineffectual attempts to reduce it by the taxis, I bled him to the amount of xxxv oz. and from a large orifice.

On repeating my efforts with a little force, the bowel receded from my hand, and returned, reluctant and grumbling, within its proper confines.

On giving him an aperient, and applying a truss, the subsequent day being the Sabbath, he spent part of it, as all in this Christian country ought, at church.

Having heard of the neglect of venæsection in a late similar case, which had a fatal termination, induced me to transmit you this, at the same time submitting to you the propriety of its insertion in your interesting Miscellany.

I am, &c.

Cleobury, Salop, Sept. 10, 1805. THOMAS POPE.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

UPON observing in your Journal for August, A Plan for the Extermination of the Small-pox, by Mr. Simmons, in the proposal of which, I doubt not, that gentleman is actuated by the purest motives of philanthropy, I take the liberty of remarking, that, as any compulsory method to effect so desirable an event may not be acceptable to the subjects of the British empire, it will be advisable to adopt some other mode of eradicating that dreadful evil. The following appears to me to be one of the most

most eligible; and, as I do not know that it has been previously suggested, I humbly submit it, if deemed worthy of attention, to the consideration of your very numerous Readers.

As it is universally admitted, that the small-pox is highly contagious, and that the disorder which is introduced by inoculation is no less so than that which is taken in the natural way, no man is, I think, at liberty (considering the subject in a moral point of view) either to communicate the infection to his own children, till they are of a proper age to understand the nature of the disease, and consent to the operation, or to spread noxious effluvia in the neighbourhood, the evil consequences of which are too extensive to be calculated. But as, unhappily, moral considerations have not always their due weight with mankind, and as the prejudice in favour of variolous inoculation is still very great with some persons, I do not think it would be prudent entirely to prohibit the practice: I therefore propose, that every person who intends to inoculate with small-pox matter, shall be obliged by Government to take out a licence for that purpose, for which he shall pay the sum of one hundred pounds; and that whoever does introduce the small-pox by inoculation, without such licence, shall be subject to such pains and penalties as the Legislature, in its wisdom, shall think proper to appoint.

I am, &c.

October 2, 1805. CLERICUS.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE unsettled and indeterminate notions that prevail, concerning the nature of gout, are too obvious not to have fallen under every one's observation. This variety of opinions affords a presumptive proof, that there is not one, upon which we can confidently rely, as on a certain guide to any consistent, rational, and uniform practice. When Dr. Kinglake's Dissertation, with the annexed cases, appeared, I was sanguine enough to hope that a considerable progress was made towards a right understanding of this complex disorder. The great simplicity both of his theory and mode of treatment was, indeed,

indeed, a strong recommendation of both; but I could not persuade myself that it exactly corresponded with the various and Proteus-like appearances, exhibited by gout in different constitutions. Cold water would effectually remove, I could easily believe, excess of temperature; and if not contra-indicated by systematic torpor, so common an affection in gout, deserved the character of a *specifick remedy* for the inflammatory stage of that disorder. What appeared to me the principal defect in Dr. Kinglake's doctrine, I endeavoured to supply by a theory, that did not pretend to originality. It is more properly a modification of the theories of Cullen and Darwin. It directs the principal attention to the constitutional affection, of which Dr. Kinglake's theory takes little or not any notice. It attempts to reconcile preceding theories to a novel practice, which at that period had proved uniformly successful; of which indeed, there was not a single instance of failure on record, though experiments had been made to a large extent by numerous practitioners in different parts of the kingdom. Its principal proposition is, that cold water will never prove injurious in gout, but from its incautious and too early exhibition; that is, under circumstances of systematic torpor, while the connection may be supposed to subsist between the torpid stomach and inflamed extremities. To confirm me in this opinion, three cases, communicated by persons with whom I had no previous connection, have appeared; and I have pointed them out, as corroborative of my theory, and to deter others from a practice, which, under similar circumstances, may be expected to produce similar bad effects: though I am sensible, that a greater number of cases, and further observations are necessary, before it can be regarded as a certain truth. I took the opportunity, as occasions presented themselves, of remarking with freedom on the peculiar sentiments of Dr. Kinglake, on the subject of gout; and, indeed, he has returned the compliment with interest, in his observations on my sentiments respecting the same subject, in the 79th number of your Journal. It is my intention, with your leave, to reconsider the question between us; to examine the arguments urged by Dr. Kinglake, as well *against* the theory which I have imbibed, as in defence and confirmation of *his own*.

It was a real gratification to me to be told, that my former remarks did not at all "displease him;" and I sincerely hope that the further observations, which his reply has induced me now to make, may meet with the same good fortune.

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The too ardent pursuit of an argument may probably lead me, as it has led Dr. Kinglake, to adopt epithets, which, if taken separately and unconnected with the argument, would be offensive to the ear, but which their dependance on the argument explains, and in some degree justifies. This I mention as a general apology, which I am desirous to make, and am willing to accept, on all such unpleasant occasions.

I had called that part of Dr. Kinglake's theory, which confines gout to the ligaments and tendons, "a gratuitous assumption. Dr. Kinglake espoused this opinion, contrary to the generally received belief; he was the first who taught that gout was exclusively a disease of that structure; he erected on this foundation a perfectly new and most important corollary, the impossibility of visceral gout. It was not. therefore, too much to expect, that he would *demonstrate* the truth of a position, from which he deduced so important a conclusion. If he failed in this respect, what was the position but "a gratuitous assumption" to the extent of his failure in that requisite proof? Is there no possibility of bringing *demonstrative* evidence to decide this question? Dissections have made us acquainted with several diseases that are peculiar to the tendons and ligaments; have taught us that sprain is a disorder of that *whole* structure; that one species of white swelling is a disease of the ligaments only, and not of the tendons. But dissections have given us no information respecting the parts inflamed in gout. Demonstration fails; Dr. Kinglake is obliged to *infer* the fact, by asking, "if every feeling, and every external appearance in gouty inflammation do not concur to prove, that the affection originates and chiefly continues on that particular structure?

It is perhaps impossible, *from the feeling*, to discriminate with certainty, whether the pain proceeds from the joint itself, from the ligaments and tendons, or from the adjacent membranes. And if it could be discriminated, it would be of little use in determining the part affected; for the seat of *pain* is not always the seat of *disease*: as in white swelling, an acute pain extending along the tendinous aponeuroses of the muscles is said to be a concomitant symptom; but dissections prove that the ligaments only are diseased: And the pain is felt at the end of the urethra, but the stone which occasions it, stimulates the neck of the bladder. The *feeling*, therefore, is a fallacious test in favour of Dr. Kinglake's hypothesis; but not more fallacious than the "external appearance," to which he appeals

peals with equal confidence. To the view, gout exhibits a shining, florid, tumefied *surface*; the part affected coloured with a *deep redness*; the inflammation apparently raging on the skin; the effusion into the adjacent cellular substance. The *vessels of the skin* and cellular membrane, therefore, in *external appearance*, are the seat of inflammatory gout.

But it should seem, that the appearance of the *local* disease was not so much in Dr. Kinglake's contemplation as a *general view* of the symptoms, as they affect the system; for in stating this argument, he professes to give *a general view* of the accession, progress, and termination of a gouty paroxysm. But, surely, "aliquando bonus dormitat Homerus." Is it forgotten, that it is the principal peculiarity of his theory, that gout is merely a *local*, and *not* a constitutional disease? But what are the enumerated symptoms of this local or otherwise constitutional disease? "Rigor, increased heat, indigestion, loss of appetite, bilious tinge of the secreted fluids, head-ach, and the usual oppressive sensations of symptomatic fever." These symptoms evincing conjointly an affection of the whole system, by what ingenuity of argument they can be made to prove that gout is not only a *local* disorder, but a disorder of the ligaments and tendons *only*, I freely confess, entirely surpasses my comprehension. These symptoms are said to be "induced by the tardy accession of inflammatory disease on the ligamentous and tendinous structure," or "before the latent inflammation assumes its formal character;" that is, to precede the gouty paroxysm. But is this a correct, full, and impartial enumeration of preceding symptoms? Our most distinguished master in the School of Medicine would hardly guess that it was meant to describe the accession of that disorder, the principal signs of whose approach are, according to the experience of that accurate observer, "an unusual coldness of the feet and legs, a frequent numbness alternating with a sense of prickling along the whole lower extremities; the body affected with some degree of torpor and languor; the functions of the stomach particularly disturbed; with the commencement of the painful paroxysm, there is commonly more or less of a cold shivering, which, as the pain increases, gradually ceases, and is succeeded by a hot stage of Pyrexia." First Lines, 506, 507, 509. This description (and its justness, proceeding from such high authority, will not be rashly called in question) much better agrees with the theory of *a torpor of the vital organs*, than with that which

which Dr. Kinglake contends for. It is not denied, that considerable fever sometimes precedes a paroxysm; it is one of those characteristicks, by which Heberden distinguishes gout from rheumatism; (Comment. p. 56.) but it is obvious, on my principles, to attribute its occurrence to the reacting of the vital power, subsequently to the torpor of the vital organs.

Dr. Kinglake's last argument for the tendinous and ligamentous inflammation remains to be examined, the analogy of common sprain to gout. He seems to consider those disorders, as giving occasion to similar effects on the system; that after the accident, which produces sprain, some hours elapse before inflammation supervenes; that during its latent formation, sympathetic commotion is generated throughout the system, which in some degree subsides, when the local inflammation is fully formed. As similar phenomena are said to appear in gout, it is concluded, What? Why, that sprain and gout are the same disorder; namely, an inflammation of the ligaments and tendons: their only difference consisting in their production from a different cause; the inflammation of the ligaments and tendons in sprain arising from mechanical violence; and the inflammation of the ligaments and tendons in gout, from a "*distempered state of systematic* excitability, preponderating on the ligamentous and tendinous structure."

But, first, I deny that the sympathetic commotion generated in sprain at all resembles that constitutional affection, which occurs previously, and sometimes subsequently to an attack of gout. Its *previous* occurrence in ordinary cases is comparatively trifling, and takes place *before there is the least ground* to suspect an inflammation of the extremities; "for several days, sometimes for a week or two, before a paroxysm comes on." First Lines, 507. Its *subsequent* occurrence, unless it be speedily removed by the most prompt and the most stimulant remedies, (the effect of stimulant remedies in its removal is a strong reason for believing that it is an *affection of torpor)*, quickly puts a period to life. Instead of subsiding, as in sprain, when the inflammation is fully formed, the inflammation in gout, that had been formed, (but in general not *perfectly* formed) subsides upon the accession of the internal affection; evincing, on the principles of my theory, a deficiency of the vital power, an inability to support that *salutary* inflammation on the extremities, which in common cases excites so much action and sensation, that a portion,

portion, sufficient to remove the internal torpor, is sympathetically propagated over the system.

But, secondly, even granting a similitude of constitutional ailment in the two disorders, the commotion of the system in sprain is explicable upon a very different principle. The balance of the moving powers is suddenly destroyed by the *injury that is sustained.* The inflammation in the mean time slowly proceeds; and though it is a departure from the just standard of equal action, which perfect health requires, yet the very slowness of the inflammatory accession affords an opportunity for nature to accommodate herself to the change; for the balance to be gradually restored; for the vital action to return to the parts, which it had partially deserted. And thus, agreeably to Dr. Kinglake's remark, " when the inflammation is fully formed, the sympathetic commotion in some degree subsides.

It is, perhaps, of no consequence, even if it were possible, to determine the *nature* of the spirit of animation, or the vital power. We can only judge of it from its sensible effects. It may be " a certain portion of excitability, assigned to every being at the commencement of its living state," according to Brown. Or, it may be " *a subtle material,* capable of transmission through the minutest vessels of an animal body; an *etherial fluid,* separated from the blood by the brain, and perpetually dissipated in the actions of the muscles and organs of sense," according to Darwin. Or it may be something, very different from either of those suppositions. Whatever it is, the *fact* is evident to our senses, that when any part is violently disordered, the *system* is sure to participate in the mischief; the vital power seems to be occupied at the post of danger, and other parts to be deserted. When a violent blow is received on the head, when an artery is divided with considerable loss of blood, when a nerve is wounded, when any great contusion happens, *paleness of the skin, sickness of stomach,* and a general fit of *shaking,* are not unusual symptoms. The constitutional ailment sometimes occurs immediately, at other times *after some delay*; but always evinces a deficiency of the vital power in the system, while its *quantity* seems to be increased, or its *quality* to be heightened, in the part that has been violently hurt. The agreement between the mind and the body, has often been remarked. Something similar to what has just been observed respecting the body, takes place in the mind, when it is influenced by the *ruling passion.* Whether it be

ambition,

ambition, avarice, anger, love, jealousy; whichever predominates in the mind, very soon engrosses and absorbs all the other affections. Thus the Poet,

> ——— " One master passion in the breast,
> " Like Aaron's serpent, swallows up the rest."

The ruling passion is the mind's disease, which draws and converts all the faculties into its own nature.

> " Each vital humour, which should feed the whole,
> Soon flows to this, in body and in soul." Pope.

(To be continued.)

CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Cases of Pulmonary Consumption, &c. treated with Uva-Ursi, to which are added some practical Observations. By Robert Bourne, M. D. Alarichian Professor of the Practice of Physic in the University of Oxford, Fellow of the London College of Physicians, One of the Physicians to the Radcliffe Infirmary, and late Fellow of Worcester College. 8vo. pp. 293. Oxford.

Notwithstanding the extensive improvement in the modern science and practice of Medicine, the frequency and fatality of pulmonary consumption is still a subject of too just and general observation. A considerable interest therefore must necessarily be excited by every prospect, however distant and obscure, of adding to the number of resources which art supplies to combat this gigantic and destructive malady.

The work now before us is prefaced with an apology for the delay of its publication. When the treatise was far advanced in the press, the author received a communication from a physician of eminence, stating, that the result of his experiments on the antiphthisical properties of uva ursi were by no means favourable to the supposition of its efficacy. In consequence of this communication, Dr. Bourne resolved to withhold his intended publication, until a more enlarged experience had established the validity of his previous conclusions, and the treatise has at length appeared, containing six additional cases, which tend to confirm the author in

his

his former opinions concerning the efficacy of uva-ursi in pulmonary consumption.

This plant has long been a medicine of reputed utility in certain affections of the urinary organs. It was in consequence of its apparent virtue in counteracting a protracted and obstinate disorder in the urinary passages, attended with emaciation, and all the characteristics of hectic fever, that our author was induced to make trial of its efficacy in phthisis pulmonalis, and other affections rendered in some measure analogous to genuine pulmonary consumption by the decided existence of hectic irritation.

After a recital of the case above alluded to, Dr. Bourne, in the work under consideration, minutely details the symptoms and method of treatment in sixteen separate cases, which are arranged under four general heads. The first eight are supposed by our author to be instances of "true pulmonary consumption in its first stage," the ninth, tenth, and eleventh, of this disorder in a confirmed state, attended with purulent expectoration; the two succeeding were affections of the lungs attended with expectoration of pus, but which, nevertheless, were not genuine phthisis; and the three last were "cases of hectic, in which the lungs appeared not to be primarily affected, or not at all."

In the majority, however, of the above cases, the uva-ursi was not had recourse to without auxiliary combinations, and in some instances its employment was for a time entirely suspended.

In the cases which are recited in the appendix, the medicine in question appears generally to have received a fairer trial, and to have been attended with a more decided effect; and the following may perhaps be regarded, both with respect to the characters of the disorder and the course pursued in its treatment, as containing evidence at least equal with any recorded in the work of the antiphthisical powers of uva-ursi.

"T. A. of Oxford, a married man, twenty-six years of age, called upon me for advice on December 10, 1804. He was a pressman at the Clarendon Printing House; and it accidentally occurred that a sheet of my publication caught his eye, and, from the nature of the subject, attracted his attention in its way through the press. The sheet was the one in which the ninth case was contained, which case appearing to him in all leading points, very similar to his own, he became desirous of submitting his complaints to me; hoping I might direct the same medicine as had been employed on that occasion.

He had had a cough eleven weeks. The cough had troubled him by day chiefly; but it troubled him a little by night also. It had been attended with considerable expectoration. From the commencement of the cough, he had felt an uneasiness on the right side of the chest, which had obliged him to lie on the left side; he could not go to sleep when lying either on his right side or on his back. His breath at the time he called upon me was become much shorter than usual, and it was hurried on the least

exertion. For the preceding three weeks he had had night sweats to such a degree as to make his shirt wet; for the preceding fortnight he had experienced chills in the day-time. From the time at which the sweats had come upon him his sleep had been quite disturbed. He had lost flesh considerably, and was grown far weaker than common. His appetite had not failed him; but he had experienced a great and troublesom flatulence in the stomach, which sometimes incommoded him much while he was eating. The urine was high coloured; thick towards the bottom after standing. His tongue was moderately clean. Pulse at nine A. M. 98.

" He had a cough for some length of time the preceding winter; unaccompanied however, with pain in the chest, night sweats, or loss of flesh.

" I ordered eight grains of uva-ursi to be taken in warm milk, thrice in the day.

" December 15. Cough rather better. A pretty free expectoration with it; the expectoration mucus. Breath equally short. A little more pain about the right side of the chest. Less sense of chilliness. Perspirations not quite so great. Pulse 98, between nine and ten A. M. Tongue moderately clean. Bowels rather confined.

" He was directed to take fifteen grains of rhubarb and two of calomel, on the following morning. The uva-ursi was continued thrice in the day, in doses of ten grains each.

" Dec. 20. Cough a little improved since the 15th. Expectoration smaller in quantity. Breath not quite so short. Less pain about the chest; perspiration diminished; no chills; pulse at nine A. M. 88; tongue clean; bowels rather confined; still.

" Twelve grains of the uva-ursi were directed, thrice in the day; and a pill, consisting of four grains of the compound extract of coloquintida, every night.

" Dec. 26. Cough somewhat better; expectoration diminished; breath as on the 20th; pain in the chest less; he was now able to lie on the right side. The perspirations had been considerable one or two nights. No chills; strength improved; he remarked that from the gradual manner in which his strength had been declining when he first applied to me, he had reckoned upon being under the necessity of giving up work entirely, about this time; but that now he began to find work less fatiguing. He slept much better; flatulence in the stomach abated; urine less high coloured. Pulse 85, between nine and ten A. M. Tongue clean. The bowels having been rather open he had not taken the pill regularly.

" To take fifteen grains of uva-ursi thrice in the day; the compound extract of coloquintida occasionally.

" Jan. 7, 1805. The cough had grown gradually better till about January 3, when it was increased by long and imprudent exposure to the weather. It was now more troublesome than at the date of the last report. Expectoration small; the breath, notwithstanding,

notwithstanding, was improved. No pain in the chest. He could sleep on either side, and he obtained twice as much sleep as when I first saw him. No perspirations; no chills; strength improving; less flatulence in the stomach; bowels regular without the pill; urine light coloured; pulse at ten A. M. 90; tongue clean.

"To take seventeen grains of the uva-ursi thrice in the day."

Under this course the phthisical symptoms continued to decline; and in observations on the case, Dr. Bourne expresses strong and apparently well grounded hopes of "confirmed recovery."

The four chapters immediately succeeding that containing the history of the cases above referred to, are composed of remarks on each particular affection, and of general observations on pulmonary and hectic disorders. These remarks display an extensive and intimate acquaintance with the characters of phthisical affections, and afford abundant evidences of correctness in judgment with respect to the general pathology of lymphatic and other diseases.

Dr. Bourne, in his observations on those cases which are not considered as instances of true pulmonary consumption, investigates the distinctive characters of pulmonic ulcer, which he divides into 1. Truly phthisical. 2. That consequent upon violent inflammation of the lungs; and, lastly, that which is almost imperceptibly generated, and which he terms *pulmonis vomica insidosa.* We regret that our limits prevent us from extracting our author's observations in detail, on the important subject of pulmonary ulceration.

The seventh chapter of the work is entitled Pharmaceutical and Practical Observations on the Uva-Ursi, in which a series of elaborate experiments are related, which were instituted for the purpose of ascertaining the respective powers of water and spirit in extracting the medicinal virtues of this plant. Dr. Bourne prefers the mode of administration in the form of powder, and adds, that in the cautious dose in which he has given it, "the fresh powder has in general agreed very well with the stomach." Should however the delicacy of this organ, or other causes, render this form of the medicine exceptionable, Dr. B. suggests the propriety of administering "the watery and spirituous preparations together, in order that patients may have the full advantage of both."

From what has been said on the general nature of the present work, our readers will infer, that we deem it worthy an attentive perusal, independantly of its relation to the medicinal agent which its principal object is to recommend. A character of extreme candour and great moderation pervades the pages of our author, which are commendable in proportion to its rarity in treatises published for the purpose of introducing a new remedy to public or professional notice. On uva ursi, in pulmonary affections of a consumptive nature, our experience does not authorise an opinion independently of that formed by a perusal of the work now before us. This plant appears however to be rather adapted to that form of phthisis, in which what are termed inflammatory symptoms are

not

not particularly conspicuous. On the occurrence of catarrhal irritation it was frequently found, necessary to interrupt the general course of treatment until the newly generated excitement had been considerably abated by the administration of other agents, and, as we have already observed, a combination of such medicines with the uva-ursi, was, in the majority of recorded cases, administered by Dr. Bourne.

An Enquiry into the Nature and Action of Cancer, with a View to the establishing of a regular Mode of curing that Disease by natural Separation. By SAMUEL YOUNG, Member of the Royal College of Surgeons, London; small octavo, pp. 130. London, 1805.

THE title of this performance gave us hopes that a regular practitioner had proposed something new in the treatment of an incurable disease. We shall leave Mr. Young, as far as is consistent with our limits, to speak for himself.

A Preface is supposed to speak the intentions of an author in the conduct of his work, it at least should show what he undertakes; and if he fulfils as much, the reader has no right to complain. The following is our author's PREFACE.

" On the nature of a disease hitherto so little determined as CANCER, *any* opinions should seem more or less important. It is possible that even error may, in some way, tend to aid the progress of inquiry; and since mere *supposition* has been tolerated, I trust that an attempt to exhibit the origin, progress, and nature of this disease, in some more distinguishable and relative form, will not be deemed *frivolous*.

" In this attempt, I have followed NATURE, as closely as the allowed difficulties of the subject would permit; and, however deficient the effort, I cannot but feel gratified if, out of such a chaos, I have selected a *beginning*, and an *end;* and have endeavoured to establish something like *connexion*, which more mature and accurate investigations may happily perfect.

" I offer this little work, therefore, rather as a figure on which the eye may rest, and on which the judgment, if not determined, may be safely exercised;—as the first rude sketch of a system, from which there may, one day, result some distinct and explicit criteria of this disease; as the faint penciling serves to direct the artist to particular form and subsequent elaboration.

" In drawing *my* outline, I have studiously avoided minutiæ; and while endeavouring to discover a principle for the better understanding, and towards a more regularly defined mode of treating Cancer, have refrained from any practical observations which might

might prejudice the general question, by leading to partial disquisitions. The profile once struck, particular features may be more accurately filled up, and the minor touches hereafter be more effectively given.

"Be this tract considered then only as the *prospectus* of a zealous individual, on which every candid observation it may have the honour to attract will be gratefully adopted, or, at all events, respectfully considered."

A "General State of the Question" follows, in which, after remarking the language of writers on cancers, we are told that "such leading features as specific matter, constitutional action, transitive, hereditary natures cannot be admitted, particularly the two first, without general and determined *evidence*," which he conceives is wanting in this instance.

In taking a view of cancer as "a disease arising from specific virus and having a constitutional action," the author finds no difficulty in showing the fallacy of all the arguments brought to establish the infectious property of the discharge, and also the contamination of the constitution. Two very useful practical cases are given. These, as well as his other cases, are so well related and so pointedly introduced, that we much regret the author has not more frequently illustrated his subject in the same manner.

Chap. 2, contains an examination, "of facts which have been supposed to prove the specific quality of cancerous matter, and the constitutional nature of the disease." In this some playful remarks are made on the situation of Tulpius and of Mr. Smith, of St. Thomas's. The former conceived his throat affected by inhaling the effluvia of cancer, the latter by tasting the cancerous matter. One of Mr. Gooch's cases follows, with Mr. Pearson's remarks on the same. Mr. Gooch gave two other cases in which there could be no doubt that the application of cancerous virus had produced an ill-conditioned local ulcer. Though neither of these cases prove that cancer will produce cancer, yet they prove with a certainty that the pus may prove infectious, and consequently are more deserving notice than the long story about a child swallowing cancerous matter, and the full and particular account of her state of health for the rest of her life. This chapter concludes with some remarks on Dr. Hamilton's Observations on Scrofulous Affections, &c.

Chap. 3, "Of strumous glands, and further evidence against the specific virus of cancer. In this, another of Mr. Gooch's cases is brought forward. A quotation is given from a Dr. Nesbit, (whose treatise is said to contain nothing like an opinion) to prove that thedisease of cancer does not rest on any specific virus. If a Dr. Nesbit's experiments on himself were worth transcribing, there was no occasion for his or Mr. Y's opinions, since those experiments are alone decisive of the question.

Chap. 4. "Of transitive, critical, and hereditary natures in cancer." Here our author remarks, that such is the contradictory accounts

accounts of this disease, that each writer, for want of a path, seems to have wandered wherever his fancy led. Some instances of this are given from a few authors, and it is not difficult to show how unsatisfactory their reasoning proves. On the question concerning the hereditary nature, we meet with some confusion of terms, for want of an accurate distinction between "disposition" and predisposition.

The 5th chapter, containing "the Theory of Cancer," begins with showing what is now pretty generally admitted, that the disease depends not on any previous alteration in the juices, but in a change of action. "I would ask," says our author, "where is the disposition to hæpatized ammonia (see Dr. Crawford and others) to be found, when the origin of a cancer is laid in the breast of a girl of sixteen, by a blow." To this we would answer, that Dr. Crawford, to whose diligence and fidelity we are so much indebted for an accurate analysis, never considered that he had discovered any properties in cancerous matter, which are not to be met with in other foul ulcers; and as to the blow producing a disposition to the production of cancerous materials: all that the warmest advocates for the hereditary nature of cancer can insist on is—that such a blow would only produce cancer in a constitution predisposed to the disease. But we shall leave our author to give his own theory.

"Let us then suppose an injury sustained in such a part, not sufficient to stimulate *the common* mass into action, (so that inflammation and abscess might be the consequence,) yet so far effectual as to rouse one of these *little susceptible glands*:—Nineteen in twenty, perhaps, of such instances might happen without any ill consequences! or, at the worst, might proceed to a certain point, and then be resolved by absorption: yet a twentieth might become so entangled, that a *permanent* obstruction of one or two of these glands might follow; and here the mischief would commence. Though the œconomy of the general mass would not be deranged by such partial injury, yet still the obstructed gland must, in such a circumstance, be considered as a system in itself, endeavouring to regain its equilibrium; and to such struggles may be attributed the progress of the disease, by new actions being acquired.

"Thus it would proceed till its accumulation became a cause of irritation to the contiguous parts. Here a new field of action would take place. From such irritation the neighbouring glands would at length be driven into a similar complication of acquired actions, whilst the connecting cellular and adipose would undergo a more simple alteration of their structure by inflammatory obliteration and condensation. Things would thus go on, till the *internal pressure* became a *cause of irritation* to the *external covering*; and then an effort would be made, by the bursting of the integuments, to dislodge the whole offending mass.

"And here, undoubtedly, a *natural cure* would be effected, if the *diseased mass* were under the circumstances of *common exfoliation*: but the living principle not being destroyed in the mass, as in exfoliating bone, a separation could not be effected; and the various

disjointed actions, now brought to the surface, would still pursue their course, presenting all the deformities of a cancerous sore."

The sixth chapter is on "parts more especially open to cancer," and further enquiries on the foregoing subjects. The parts most liable to cancer, our author conceives, are those which are most complicated, and principally, as he quotes from Dr. Baillie, parts the most glandular. In the remarks on that equally correct and perspicuous writer, it is very extraordinary that Mr. Young should still find so many difficulties in admitting, that where similar external causes do not produce the same effect on different people, we must look to some cause of difference in the people themselves.

"If cancer were a disease *suddenly* produced, then a predisposed state of parts might naturally be attributed; but we find it a disease resulting, more or less, from long and continued injuries, progressively altering natural structure. I agree cordially in the opinion, that a man's stomach is more predisposed to take on a cancerous action after ten years irregular dram-drinking, than it was in the first instance. I also agree (if the word is insisted upon) that a woman's breast, at a certain advanced age, is more "predisposed" to this disease than when she was much younger; or that the uterus of an aged woman is more open to cancerous affection than that of a young one; or that the prostate of an old debauchee is more liable to become schirrous than that of a young rake. But all this proves nothing with respect to the question of predisposition, as attaching that peculiarity to the cancerous action *itself*, which the author of the "Morbid Anatomy" would seem to infer."

How, we would ask, can such an inference be drawn from Dr. Baillie's words, as quoted by our author. "This affection of the stomach, says Dr. B. is not very uncommon towards an advanced period of life, and I think it more frequently met with in men than in women. This, perhaps, arises from the greater intemperance of one sex than the other. There must be added (says the Doctor), a considerable predisposition of the parts towards this disease."

"It cannot possibly be denied, answers our author, that a stomach may be *disposed* to take on the cancerous action before a glass of brandy ever entered it." But if brandy is the cause of this cancerous action, we do deny it; and if we understand Dr. Baillie, we conceive he would deny it also. When a cancerous *disposition* is formed, a cancerous action must follow, more or less slowly, according to the *predisposition* of the subject. If this is not intelligible, we would remark, that as brandy does not produce cancer in every stomach, it can only produce it in such as are *predisposed* to the disease. If habitual intemperance has so far altered the actions of a part as to prevent its resuming its proper functions, it must ultimately fall into that disease to which it is predisposed, and as such a cause (intemperance), does not produce similar effects in all, the effects must depend on some original structure or mode of action,

action, which from our ignorance of both, we cannot better designate than by the t rm *predisposition*.

The same may be urged concerning the female breast, at a more advanced age, or after an injury. As these are not sufficient to produce cancer in all women, they can only do it in such as are predisposed to it. Even these causes, according to Mr. Young, do not immediately produce cancer, but only what he calls obstructions, and a series of actions or efforts, which end in cancer. As we are totally ignorant of the nature of these obstructions, as all that we know is, that a state of parts is produced, which is not at first cancer, or even scirrhous; we conceive the general term, disposition to cancer, may answer the purpose as well as any other. If this is the case, predisposition is the effect of original formation. Disposition, the immediate consequence of injury, or any other change in the part which ends in scirrhous or cancer.

We have said enough to give a sufficient insight into Mr. Young's Theory of Cancer; we shall conclude by remarking, that he stands upon as good grounds as many of his competitors. As to the performance itself, we must admit, it shows no inconsiderable industry, and so much acuteness, that we are encouraged to expect hereafter something more finished from the same quarter.

The Edinburgh Journal, No. IV.

Article 1, is " *A Case of Hepatitis followed by bilious Expectoration.* By Alexander Monro, Jun. M. D. F. R. S. Professor of Anatomy and Surgery in the University of Edinburgh."

In this Case it appears, that pus formed in the liver was expectorated by the lungs. The arguments to prove the nature and source of the expectorated matter are sufficiently conclusive, though the fact could not be reduced to anatomical experiment, as the patient was alive when the account was written. He had recovered from three relapses, and was probably convalescent from the fourth, as he had left Edinburgh. Some judicious remarks are annexed, and an account of the chemical effect of different agents on the substance expectorated.

Article 2. " *Account of a peculiar Structure of the Membrane lining the Urethra, and of two supposed Hermaphrodites.* By John Barclay, M. D. Lecturer on Anatomy."

" Laying open the urethra of a man from the side of the corpora cavernosa penis, and observing the orifices of two lacunæ, which struck me as somewhat larger than ordinary, I applied the point of a blow-pipe to one, to see how far it would admit the air. On impelling the air with a slight degree of force, it entered the cells of the thin membrane lining the corpus spongiosum urethræ, and exhibited these cells as a kind of irregular vessels or canals. To preserve the appearance which had thus

been produced, I withdrew the blow-pipe and injected mercury, and observed distinctly, that though many of the cells communicated laterally, yet none of the injection flowed out through the cut margin of the urethral membrane, nor entered the cells of the corpus spongiosum, nor any of the venous or arterial vessels; that the cells, however, must have opened laterally into the cut edges of the membrane is evident, and the escape of the mercury through its lateral passages was in all probability prevented only by the retraction of the membrane itself. As the injection in this instance, however, furnished no proof of a communication, where certainly a communication existed, I was not authorised to deny a connexion between these cells and those of the corpus spongiosum urethræ, and more especially when I recollected that the communication between veins and arteries at their extremities cannot always be demonstrated, even by the minutest injections. The success of injections depends upon a variety of circumstances; and we proceed on a rash hypothesis when we imagine that our injections flow in the dead as freely and minutely as the different fluids in the living body. Immediately after the death of a dog, I have often injected the lymphatics of the cord from the spermatic artery, without any appearance of rupture that I could perceive; on plunging a dog into warm water as soon as he was killed, I have likewise succeeded in throwing even a coarse injection from the arteries into the veins; and have still a preparation of a Sapajous ape, killed and injected in similar circumstances, where all the veins of the sacral extremities, many of the pelvis, and the vena cava, to the place where it receives the emulgents, were completely filled from throwing the injection sacrad into a part of the abdominal aorta.

"In these instances, the event, were I to reason from experience, would have been different had I allowed the animals to cool, and tried the injection a day or two after.

"But although the injection in the case of the urethra neither flowed through the edges of the membrane nor into the cells of the corpus spongiosum, it flowed freely through the orifice of a lacuna, near the proximal extremity of the penis. Into this lacuna I likewise introduced the injecting pipe, but could not make the mercury flow with the same ease from the proximal to the distal as I had done from the distal to the proximal extremity; this seemed to imply, that in the communication between the cells there was something that performed an office resembling that of valves, though the difference of appearance, and the size of the lacunæ by which they opened at both extremities into the urethra, prevented me from concluding that they were lymphatics, in either a natural or diseased state.

"The preparation which I preserve is considerably disfigured, from drying, and from the escape of the mercury; but the drawing, which was done by Mr. Anthony Stewart, an ingenious artist, rep resents the appearance with great accuracy.

"I

"I have repeated the experiment on several other urethræ since, and have often failed; where I succeeded, I have found the canals considerably different in different individuals; and been led to conclude that this difference in structure, whether original or contracted by disease, has contributed not a little, with a difference of constitution, &c. to vary the nature of strictures and gonorrhœas, as well as the effects which result from the introduction of bougies."

The subjects of supposed cases of hermaphrodites were a pig and a lamb, in each of whom the urethra terminated in the perinæum.

Article 3. "*Case of a Bony Tumour, successfully extracted from the Orbit of the Eye.* By THOMAS LUCAS, Surgeon, at Stirling." This is an interesting little case, and is rendered the more useful from the following article:

Article 4. "*Analysis of the Bone extracted in the preceding Case.* By ANDREW DUNCAN, junr. M. D.

By this it appears, that the above substance perfectly resembled common bone in all its component parts, excepting, that the quantity of cartilage and phosphate of lime were greater in proportion to the carbonate of lime in the new formed substance than in the full formed bone of an adult subject.

Article 5. "*Drawings, with the Description of an Instrument for extracting Polypi from the Nose.* By WILLIAM ROBERTSON, one of the Surgeons to the Kelso Dispensary."

This instrument is well contrived, its plan does not materially differ from one which has been often used, excepting that harpsichord wire is substituted for string, and in our opinion with advantage.

Article 6. "*Case of a* Blue Girl, *with Dissection.* Communicated by ALEXANDER MARCET, M. D. one of the Physicians to Guy's Hospital."

We extract the Introduction to this Case, in order to show how little the practitioners in the London Hospitals are aware of the advantages they enjoy in the vast variety of new unrecorded cases with which they are perpetually meeting.

"During a course of Clinical lectures, at Guy's Hospital, last spring, I had the opportunity of noticing one of those singular instances in which the skin, all over the surface of the body, becomes tinged of a purple colour, in consequence of internal disease. The patient died, and the examination of the body offered some uncommon and unexpected appearances. One of the Editors of your Journal having heard of this case, expressed a wish that I should send you an account of it; and this I have now the pleasure of doing, more with a view to comply

with his request, than from an idea that it will be found sufficiently interesting for your valuable publication."

The patient was about twenty-one years old, always subject to dyspnœa during the winter. The following is the Report after her admission into the house :

"The principal complaints which she now makes are, a wheezing cough, which occurs very frequently, but is not strong, apparently from her wanting strength to cough out ; great shortness of breath, which is in some degree relieved when she sits up ; very great prostration of strength ; loss of appetite. She does not expectorate much, nor does she complain of pain in any part. Her hands and legs are œdematous. Her colour, in every part, is purple ; but this is more peculiarly conspicuous in the hands, the lower part of the legs, the feet, and face. Her mother says, that the swelling and purple colour came on in one day, about seven weeks ago, and that she had previously complained of no peculiar symptoms. She is very thirsty. Bowels open. She generally dozes almost the whole day, but is very restless at night. She can lie best on her back, when her head and body are raised. She can, however, also lie well on the right side, but scarcely at all on the left. Her legs feel cold, both to herself and to those who touch them. The other parts of her body are of the usual warmth. Pulse 120, and appears regular ; but it is extremely weak and small, and is hardly perceptible at the wrist. She has been under medical treatm nt, during the last seven weeks, without the least benefit, and has now a sore mouth, in consequence of mercurials which have been given.

"Immediately at her admission into the hospital, a blister was applied to the chest, and an attempt was made to promote the secretion of urine, and relieve her breathing, by various diuretics. The next day I made the following report :

"The colour is still more conspicuous than yesterday, and in the hands particularly ; it is such as could scarcely be exceeded by any purple paint. It is, however, not near so intense on the trunk of the body. She lies on her back, with her head and body raised, and answers questions sensibly, though in a very faint voice ; and any attempt to speak seems to be a very painful exertion to her. Her breathing is extremely quick, but feeble ; and the contractions and dilatations of her chest are scarcely peceiveable. Her pulse is not to be felt at either wrist, and cannot be counted in any of the arteries. She says she is perfectly free from pain, and complains only of excessive shortness of breath. The blister has risen well, but she has had no passage in her bowels since yesterday, and has made but a small quantity of urine.

"She died a few hours after this report. Soon after death, the blue colour of the body gradually diminished, and the next day it had almost entirely disappeared.

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"The body having been opened, and the dissection carefully conducted by my colleague, Mr. Astley Cooper, we observed the following appearances, which were immediately recorded:

"ABDOMEN.—About half a pint of water was found in the cavity of the abdomen.

"The liver had been slightly inflamed, and had contracted morbid adhesions to the peritoneum.

"The vessels of the coats of the stomach and intestines were turgid with purple blood; but, in all other respects, the abdominal viscera were sound.

"THORAX.—The pericardium contained about an ounce and a half of water.

"The heart seemed somewhat enlarged, more completely filling the cavity of the pericardium than usual. In both sides it was turgid with blood of an extremely dark hue, and its coronary vessels were distended with blood of the same colour.

"*There was no unnatural communication whatever between the cavities of the heart, and its valves were all in a perfect and natural state.*

"*The lungs adhered every where to the inner surface of the chest, to the diaphragm, and to the pleura covering the pericardium.* These adhesions were some of them of long standing, others just forming; and these last were composed of large quantities of coagulable lymph, having the appearance and texture of jelly, and exhibiting signs of incipient organization.

"The lungs seemed distended with an unusual quantity of dark-coloured blood, but were free from tubercles, or any other appearance of disease: their substance seemed rather more compact than usual, particularly in the left lobe; but still it did not sink in water."

Some judicious remarks follow, in which Dr. Marcet admits, that the general expectation of the result from dissection, was very different to what actually occurred. This blue appearance could only arise from a want of oxygenation in the blood. The cause therefore must have been some impediment in the free circulation through the lungs. That organ is so much more considerable than what is absolutely necessary for the mere purposes of oxygenating the blood, that such a defect rarely occurs, if the heart is not prevented from its functions in transmitting the blood through the pulmonary vessels and the larger arteries. But in this instance, though the heart was perfect, yet the very close adhesion of the lungs to the inner surface of the chest prevented their expansion.

Our author makes some judicious remarks on finding the foramen ovale closed: to show that this blue appearance does not necessarily depend on the communication between the two sides of the heart remaining open. We have often suspected that where this opening has been detected, attended with an imperfect circulation,

lation, it has been retained from necessity in consequence of some malformation which existed, and which, from the time that the lungs came into action, prevented the regular transmission of the blood through them.

Another remark we wish this ingenious author and his coadjutors to re-consider: He says,

"With regard to the purple colour gradually disappearing after death, it cannot, I think, be accounted for upon any other principle than from the muscular action of the arteries continuing for some time after death, and forcing the blood towards the larger branches, which, being under the more immediate influence of the heart, do not enjoy a muscular power proportional to that of the smaller ramifications."

The cause here assigned may be a sufficient one, because we cannot exactly ascertain before putrefaction commences, whether absolute universal death has taken place; nor till after stiffening and subsequent relaxation, whether muscular motion has ceased. But it is, at least, worth recollecting, that during life, the purple colour in the face, and even in the lips, is not changed in cases of temporary suffocation, unless the action of the lungs is restored; yet Dr. Priestly found that the air passing through the pores of a dead bladder was sufficient to give the crimson colour to the contained blood. Hence it may be doubtful, whether the blood in the extreme vessels may not, after death, become oxygenated by attracting gas through the pores of the skin.

Article 7. "*Case of Stricture in the Urethra removed by the Caustic Bougies, with an Account of the Appearance on Dissection 18 months afterwards.* By Richard Carmichael, Surgeon to St. George's Dispensary, Dublin."

The most important part of this interesting paper is the account of the dissection. We shall also subjoin our author's practical remarks on the manner of applying the caustic.

"In presence of Dr. Toole, physician to St. George's Dispensary and Fever Hospital, who recollected his case, and other medical gentlemen, I accurately examined the urethra, but could trace no vestige of the strictures, except a little roughness where the second stricture had been situated, exactly behind the bulb, It was so trifling that, had we not been acquainted with his former complaints, we should have taken no notice of it. The lining membrane of the urethra had been perfectly restored.

"I shall make no comments on these satisfactory and unequivocal appearances of the urethra, which so forcibly indicate the superiority of the caustic over the common bougie. But the disrepute into which this mode of cure has fallen may be in a great measure accounted for, when we consider that, like every other powerful remedy in medicine and surgery, it is liable to be abused by a timid, unskilful, or ill-timed application. And, in the first place, I cannot approve of the timidity of the surgeon, who conceives it sufficient merely to touch the stricture, and

instantly

instantly withdraw the bougie. A little consideration convinces us that this undecided conduct occasions the nitrate of silver to act as a stimulus, and not as an escharotic; thus producing the very consequences most to be apprehended, inflammation, obstruction, and fistula.

"In the preceding case, and in every other which has since occurred to me, I applied the armed bougie steadily to the stricture *for four* or *five minutes*, and never experienced any inconvenience from that mode of application; for the surface of the caustic is necessarily so small, that if the period of the application were equally so, a sufficient quantity for the purpose intended would never be dissolved or brought to act upon the stricture.

"But too bold a use of this bougie is as much, if not more, to be avoided; and the endeavour to force it through the passage of the urethra, when it happens to be affected with spasmodic contractions, must produce incalculable mischief. On those contractions taking place, it should be instantly withdrawn, lest the caustic should dissolve on the sound part of the urethra, which is far more susceptible of inflammation than the diseased parts, those on dissection being found of a hard, ligamentous, or cartilaginous nature.

"Considerable discrimination will be necessary in selecting a proper time for applying the caustic; as it should be avoided when pain, inflammation, or ulceration, encompass the diseased parts, and obstruct the urine, while matter mixed with blood runs from the urethra. These complaints are first to be removed by warm fomentations, and other remedies of a similar nature, before bougies of any kind are to be used, but particularly the caustic; for, if employed during such a state of excitement, we need not be surprised that such consequences should follow as violent inflammation, mortification, and dangerous or fatal hæmorrhagies.

"Without meaning to enter into any controversy, or to cast any reflection on those gentlemen with whom I may differ on the subject, I beg leave to express my thorough conviction, that the caustic bougie will be found, on a skilful and impartial trial, a safe and efficient remedy, where every other has been in vain persistad in for years; and although the older surgeons endeavoured to apply caustic to strictures, they were much better acquainted with its virtues, than with the means of bringing them into action; and I can scarcely express how much I admire Mr. Home's elegant invention of the conveyance of this powerful escharotic to the affected part, with which, simple as it may seem, the world has to regret it was not sooner acquainted; but which, if humility like mine may venture to predict it, will be tried wherever the principles of its action are known, and efficacious wherever it is tried."

Article 8. "*Observations on the Cure of those unnatural Articulations*

ticulations which are sometimes the Consequence of Fractures in the Extremities, with Cases. By ANDREW INGLIS, M. D. one of the Surgeons to the Royal Infirmary of Edinburgh."

Where the form of the new articulation will admit of it, the author proposes rubbing the two ends of the bone together, in order to produce inflammation and consequent union. In other cases, where the distortion of the leg required it, pressure was used with equal success. Where these means are prevented by the bones overlapping each other, Dr. Inglis has succeeded in the operation proposed, first by Mr. White, and since frequently adopted. On this occasion we have a quotation from Cit. Boyer, who considers the operation as impracticable in the leg and fore arm. In this it appears that Cit. Boyer was mistaken, but he has afforded some other useful hints, which it would have been candid in the writer to have acknowledged. Dr. Inglis had an opportunity of dissecting a leg after the operation had been successfully employed, and found the two bones consolidated.

These are all that can strictly be called the original Communications. An Essay is subjoined by the Enquirer, " Is there any certainty in Medical Science?"—We are sorry to remark so many typographical errors in this Number.

Report of Diseases in the public and private Practice of one of the Physicians of the Finsbury Dispensary, from the 20th of September to the 20th of October.

Rheumatismus	11	Amenorrhœa	7
Catarrhus	15	Menorrhagia	4
Phthisis pulmonalis	9	Tussis	12
Ophthalmia	2	Dyspepsia	8
Ephemera	2	Colica	1
Scarlatina	3	Hydrops Pectoris	3
Morbi infantiles	16	Pneumatisis	2
Morbi cutanei	12	Asthenia	18

Early in the last month, the Reporter was roused from his repose at a nocturnal hour by a call to a patient laboring under a violent attack of internal pain, which was accompanied by every other circumstance that could concur to menace the approaching danger of inflammation in the stomach, or some part of the intestinal canal.

This was a case of peculiar delicacy and danger. The extreme degree of general debility, strikingly indicated by a depression of the spirits and pulse, as well as other circumstances, when occurring simultaneously with local irritation, or a partial excess of excitement, often involve the

the Practitioner in embarrassment with regard to the measures which ought to be immediately adopted. The evacuation of blood, which the inflammation seems to require, is calculated to exaggerate that debility which is a still more important and alarming symptom.

In such instances of exigence and peril, purgatives, especially in the form of enema, whilst they in a great degree answer the purpose of venæsection, are not attended by those risks and inconveniences that are apt to follow the latter process. By a powerful and efficacious application of this kind, the patient, in the instance alluded to, was relieved not long after the moment of its administration.

A military officer, who had been repeatedly in the West Indies, and two campaigns in Holland during the last war, applied lately to the Reporter. He was strongly affected with a disorder of the nervous system, not indeed amounting to, but in some degree partaking of, the nature of mental derangement. He had been what is called a high liver, and in other respects licentiously luxurious. He has since acquired more accurate and better regulated habits. But his debilitated constitution still continues to suffer from the results of juvenile dissipation. Some tonics of a medicinal nature were prescribed, connected with the habitual use of the Shower-bath, which, with a proper attention to physical and moral regimen, appeared not unlikely, in the course of time, to invigorate and restore, in a certain degree, the decayed energies of his frame.

A case has recently occurred of a person afflicted with dyspepsia, particularly marked with a *bad breath*. This last symptom he lamented as having essentially interfered with his most important prospects and purposes in life. As is usual where the stomach is ill qualified to discharge its duty, there appeared an hypochondriacal irritability and depression of the nervous system, which not improbably induced the patient both to exaggerate his disease, as well as the unfortunate and unpleasant consequences arising from it. The Reporter convinced the patient that his ailment was not in his mouth, but in the stomach, and that by correcting the depraved condition of that important organ by certain regulations of diet and pharmaceutical preparations, he might be relieved in time from that offensive exhalation, the actual or fancied existence of which he so feelingly deplored. In connection with this case, it is worthy of remark, how much the state of the breath is affected by that of the spirits.

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How long will it be before even the appointed and professional guardians of the physical constitution shall be brought duly to appreciate the almost immensurable influence which the mental part of our frame, in an advanced and ameliorated state of society, unintermittingly exercises over its health, its preservation, and decay.

The savage, the rustic, the mechanical drudge, or the infant whose faculties have not had time to unfold themselves, or which, in physiological language, have not as yet been *secreted*, may for the most part be regarded as machines regulated principally by physical agents. But man, matured, civilized, and by due culture lifted to his destined level in the scale of being, partakes more of a moral than of an animal character, and is in consequence to be worked upon by remedies that apply themselves to his imagination, his passions, or his judgment, still more than by those that are directed immediately to the parts and functions of his material organization.

Nearly every month the writer of this article has been irresistibly led to touch upon this subject, because every month he has met with fresh and frequent instances confirming the truth, and upon his own mind impressing more deeply the importance of his sentiments with regard to it.

J. REID.

Grenville Street, Brunswick Square, Oct. 27, 1805.

MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

Effects of the Alkalies on Poisons.

THE excellence of alkaline salts, as antidotes to the venom of serpents, and the acidity of the poisons secreted by those animals, is evinced by the following information, written January 7, 1805, by Dr. John Brickell, of Savannah, to Dr. Daniel M. Hitchcock, of New York:—"You have probably seen my publication, of a successful mode of cure on a person bit by a large mockison snake. He was in dreadful torture, and swelled ready to burst. I gave him plenty of ley of ashes with water to drink, and kept the bite which was on his foot constantly wet, by applying a solution of ley made caustic by quick lime.

"I was

"I was led to this by a chemical examination of the poison of crotalus horridus, which showed an acid to be one of its constituent parts.

"The mechanical structure of the poison-fangs and bags is alike in each of the above serpents.

"On putting a slip of litmus paper into the mouth of a rattle-snake five feet long, and disabled by blows of a stick applied to the back, and then pressing the head, by placing on it the foot, the poison squirted out to the distance of some feet.

"Some of the poison struck above the eye of the gentleman who performed the operation for me; he wiped it off with his pocket handkerchief and no harm ensued; some struck on his white cotton waistcoat, and tinged it of a light yellowish colour, inclining to brown.

"The part of the litmus paper, which I made of sky blue, had its blue *entirely discharged*, and became white. A light band of red was to be seen between the part of the paper touched and untouched by the poison. Dipping it, when dry, in a solution of fixed alkali (ley) restored the former blue colour.

"We have here, 1st. the crotalus horridus of Linnæus. 2d. the crotalus miliaris of Linnæus; and four species, new to me. One is nearly black, with a chain of white lined rhombi on the back: this I have named *crotalus rhombiferus;* this measured six feet two inches in length, and above 11 $\frac{3}{4}$ inches round.

"Another has a yellow skin, with zigzag brown belts, six feet long: this I have named *crotalus zetazona.* The 3d and 4th are twelve to fifteen inches long, venomous as the others; one is black, with paler bands down its sides; the other is yellowish, with a chain of rhomboid dark lines on the back, and a brown line round the head above the eyes."

Fatal Sting of a Wasp.

A Correspondent informs us, that on Monday, September 2, Mr. Sperrey, of Diseworth, in the county of Leicester, was stung in a vein upon the back of his hand, which put a period to his existence on the following day. This fatal occurrence induces our Correspondent to submit two questions to the consideration of our readers, *viz.*

1. What is the immediate physical cause of death in such a case?

2. What are the most effectual means of preventing the ill effects of poison inserted by the sting of a wasp?

Mr. VAN MONS has found broth keep for many years by means of a few grains of mercury in the state of oxide and citrate. Nitrate of silver has long been considered as the most powerful of antiseptics, and those of gold and mercury are equally so. Oxygenated muriate of pot-ash retarded the putrefaction of strong soup

several

several days, and ultimately put a stop to it at a certain point. Very dilute nitric acid and oxygenated muriatic acid preserved soup for several months.

Dr. Faust, in conjunction with Dr. Hunold, of Cassel, will speedily publish a work, in which they will demonstrate that, excepting the lancet employed in vaccination, all the instruments of surgery ought to be dipped into oil at the moment when they are going to be used; by which method the pain of the subject operated upon will always be diminished. In the same work it is recommended to make all instruments of a blood-heat a little before the operation. These two precautions have already been practised in certain cases, and with certain instruments.

Dr. James Sims has transmitted a letter to the Editors, of which the following is an extract.

"Having read a paper to the Medical Society of London, in which I give my opinion that the Cow-pock is the Small-pox of mankind, translated to the cow by means of a species of inoculation, and afterwards reinserted into the human body in a mitigated form; which paper has been inserted in the sixth volume of their Memoirs: but as a part of that paper was not inserted, owing to an inattention of my own, I now take the liberty of addressing myself to you, for the purpose of correcting the lapse. The part of my opinion which was not stated is, that the spurious Cow-pock, as it is called, is nothing more than the swine or chicken-pock of the human body, transferred in a similar manner to and from that animal. This supposition easily accounts for a number of the failures recorded of vaccination, which have arisen from not accurately distinguishing one kind of pock from the other; and it so naturally fell in with my theory, that I am now surprised how, in correcting the press, I did not perceive the omission."

Finsbury Square, Oct. 5, 1805

Mr. Birch and Mr. Walker, in a note to the Editors, deny that they pronounced the eruption on the child in Midford Place to be small-pox, as stated in our last Journal.

Dr. Batty requests his private Correspondents will address their letters to him in future, at No. 27, Charlotte Street, Portland Place, where he intends to reside after the 10*th inst. Communications to him for the Medical and Physical Journal, are to be sent as usual to the care of Mr. Phillips.*

TO CORRESPONDENTS

Communications are received from Dr. Arneman, Dr. Patterson, Dr. Stanger, Mr. Barlow, Mr. Ring, and Mr. Simmons.